

# **Enhanced Work Services Manual**

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# Enhanced Work Services

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## Overview

One of the Department's primary goals is to help families and individuals develop the natural supports, skills and tools necessary to effectively manage their lives without government supports. This will increase a family's ability to contribute to their own success through employment. The individuals served by this Contract will be adults who find themselves unable to meet the basic needs of their family or the children they support. Additionally, some adults may be served who are "at risk" of becoming unable to meet the basic needs of their family or the children they support. A small percentage of these people have a disability, illness or old age that require sustained social services in order to protect their safety and the safety of those around them.

In order to accomplish this goal, a comprehensive set of services must be in place that will assist adults in finding employment, maintaining employment, and improving their employment situation to become self-reliant. To accomplish these goals this program requires a collaborative effort where individuals, families, local communities, the Department of Health and Welfare, the EWS Contractor, and employers work together to help participants.

The employment related services follow the philosophy of Welfare Reform in Idaho and the Temporary Assistance for Families in Idaho (TAFI) program. The philosophy has three components relating to employment:

## Work First

The "Work First" process is the fundamental building block of Idaho's success as number one (1) in the country in putting welfare participants to work. It is based upon the philosophy of looking on a case by case basis at a person's strengths, skills and abilities (rather than looking for barriers) and using these existing assets to get the participant into the work force. Participants must be continually involved in work or in activities which will lead to employment. Those who cannot obtain immediate employment must be engaged in those activities that will provide the maximum opportunity for employment, especially activities that will lead to long-term solutions.

## Sustain Employment

Getting a job may not be enough for a family to become self-reliant. An ongoing effort is required by the adults in a family to maintain their employment. This is an on-the-job effort to learn problem solving and coping skills to deal with the work place environment. Many on welfare have been able to find employment but struggle to stay employed.

## Upgrade and Enhance Employment

This is the third employment related element to assist families in becoming self-reliant. Many will find entry level and minimum wage jobs. Opportunity for job advancement, career planning, skills training, and other services is necessary to help families increase their earning power to become more self-reliant.

The Department strongly recommends that participants' circumstances in this category are reviewed, and referrals made to the Job Education Training (JET) Contractor when appropriate. These contracted services specifically support the upgrade and enhancement of employment.

## **Roles**

In order to be successful in the three (3) areas identified above, it is important to recognize the role played by the individual, family and community. The participant must make a commitment in goal planning and assessment of extended family resources toward goal achievements:

**Personal responsibility:** is required to become self-reliant. Government programs, subsidies, and assistance provided without regard to a participant's active involvement and problem solving will not lead to long-term solutions. Any successful activity must involve the participant in the problem solving process. This will require commitment by the participant in whatever activities are outlined or required.

**Family responsibility:** Immediate and extended families are also resources that can help families who are unable to meet basic needs. Family resources must be considered in any plan to help families become more self-reliant.

**Community responsibility:** Employment related services to help individuals and families become self-reliant will require coordinated efforts between individuals, public and private businesses, community organizations, and government programs.

## **Definitions & Acronyms**

### **ABAWDS:**

Able Bodied Adults without Dependents

### **CEJS:**

Career Enhancement – JSAP): Adult participants who are receiving Food Stamps, are mandatory work, and are responsible for a minor child (ren) living in the home. Pregnant women also qualify. JSAP supportive service payments of up to \$25.00 per month are available for work related needs.

### **CERM Team:**

Contracts & External Resource Management Team – A Department contract and external management team that monitors all work and training contracts for compliance and performance standards.

### **CETA:**

Career Enhancement – TANF funding for Contracted Services/No Supportive Service funding) These are adult participants who are eligible and receiving Food Stamps, are not mandatory work and are responsible for minor children under age 6 living in the home. Pregnant women also qualify. Current State Plan for EWS states the only service the contractor will provide to this category is Contracted Services.

### **CP:**

Custodial Parent – The parent with whom the child(ren) primarily reside, the person to whom payments are to be made under an order for child support.



## **DHW:**

Department of Health & Welfare

## **Earned Income:**

Cash or in-kind payment derived from employment or self-employment. Receipt of a service, benefit or durable goods instead of wages is in-kind income. Earned income is gross earnings before deductions for taxes or any other purposes.

## **EPICS:**

Eligibility Program Integrated Computer System – An automated system that processes Idaho's benefit eligibility and all related reporting data. Computer system used by the SR program to process eligibility determinations and benefits for financial aid benefit programs. (See Appendix S – EPICS Screens for an overview of the screen names and abbreviations.)

## **EWS:**

Enhanced Work Services – Contracted employment and training services designed to help TAFI cash mandatory work participants gain work skills, education and experience to locate and maintain employment.

## **Field Office:**

A four character numeric code denoting the work location (county) of the SR worker. The first digit identifies the region (1-7)

## **FSWS:**

Food Stamp worksheet screen in the EWS System where JSAP participation hours are keyed

## **ICCP:**

Idaho Child Care Program - The Idaho Child Care Program (ICCP) helps low-income families pay for child care. This program is for parents who work or attend school. It is also for parents who participate in approved activities to help prevent children from being placed in foster care.

## **IDL:**

Idaho Department of Labor – A place where Idaho citizens can access employment services, unemployment benefits, career counseling and job referrals.

## **ICSES:**

Idaho Child Support Enforcement System

## **JET:**

Job Education & Training program contracted with colleges and universities around the state to provide job skills and training

## **JSAP:**

An employment and training program designed to help Food Stamp participants gain work skills, education and experience to find and keep jobs

## **JSAP Agreement:**

A negotiated work agreement between a mandatory JSAP work participant and the Contractor. JSAP referrals must complete a JSAP agreement

## **MW:**

Mandatory Work - Code in EPICS that identifies all individuals who are Mandatory to participant in Enhanced Work Service activities for Food Stamps or TAFI

## **NCP:**

Non-Custodial Parents - A non-custodial parent who has a legal responsibility to provide support for a dependent child who does not reside in the same home. These individuals must be referred by Child Support Services or by court order.

## **OJT:**

On the job training – Training in the public or private sector given to a paid employee while he or she is engaged in productive work and provides knowledge and skills essential to the full and adequate performance on the job.

## **Participant:**

An individual who applies or receives benefits in Idaho from the Department of Health and Welfare

## **PRC:**

Personal Responsibility Contract - A negotiated agreement between the TAFI applicant/ participant. This contract agreement must be negotiated and signed by both the TAFI applicant/participant and the Contractor. It serves as clear guidance to the participant outlining their responsibilities and expectations for participation. It specifies the agreed upon activities and sets minimum hours of participation to meet State and Federal regulations

## **SASSI:**

Substance Abuse Subtle Screening Inventory - The Department uses a nationally recognized substance abuse screening instrument. The intent of the pre-screening process is early identification of possible substance abuse.

## **SR:**

Self Reliance Program - The Self-Reliance Program determines eligibility for medical and financial assistance programs,

## **SRS:**

Self-Reliance Specialist – A State case manager who conducts eligibility determination for benefit programs such as Food Stamps, TAFI, Medicaid and AABD.

## **Supportive Service Payments:**

Work-related services issued by the Contractor to help participants obtain, maintain, or enhance employment, or to support activities in either a JSAP Agreement or a TAFI PRC. These payments are made directly to the vendor for the service provided. Supportive service payments are paid in the form of a voucher

## **TAFI:**

Temporary Assistance for Families in Idaho – A time limited (24 month lifetime limit) temporary cash assistance program for eligible families who demonstrate efforts towards self-reliance. TAFI is also cash assistance for children who live with a caretaker relative that is not a parent. (This assistance is not time limited)

## **TANF:**

Temporary Assistance for Needy Families (60 month lifetime limit)

## **Unearned Income:**

Income received from sources other than employment or self-employment, such as Social Security, unemployment insurance, and workers' compensation.

## **WKOP:**

Work Opportunity site

## **WOPR:**

Work Opportunity Participation Report – A report showing the number of TAFI participants, the type of family (one or two parent), the hours they have participated in a specified set of work activities, and whether they passed or failed the required minimum number of work hours for a month. The work program screen in the EWS System for TAFI Participation hours

## **Work Program:**

An employment and training program designed to help TAFI cash or mandatory work (MW) Food Stamp (JSAP) participants gain work skills, education and experience to locate and maintain employment

## **Self Reliance Program Descriptions**

### **AABD:**

Aid to the Aged, Blind, and Disabled is a state program that supplements income of aged (over 65), blind, or disabled individuals.

### **Career Enhancement:**

A program designed to assist qualifying families who without financial assistance to maintain employment are at risk of becoming eligible for TAFI within 90 days.

### **Child Support Services:**

Program services include: establishment of legal fatherhood (Paternity), establishment of legal orders for medical and financial support, enforcement, and collection of child support payments and locating non-custodial parents. Services are mandatory for children who receive TAFI, Food Stamps, or Medicaid due to deprivation issues. Services are also available to families who are not receiving assistance.

### **CSBG:**

Community Services Block Grant - A program designed to help qualifying individuals with various emergency needs. An individual may apply at their local community action agency.

### **Emergency Assistance:**

A time limited flexible funding source, available to qualifying households, to address emergency needs of families. The household is allowed only one Emergency Assistance payment within a 12 month period regardless of employment status.

### **Food Stamps:**

Food Stamps are a federal program to help needy families with food. For persons who are mandatory to participate in Job Search Assistance Program (JSAP), supportive service money is available to provide financial assistance in their pursuit of employment.

### **ICCP:**

Idaho Child Care Program is designed to assist families with child care costs while they work, look for work, or attend school.

### **ITSAP:**

Idaho Telephone Service Assistance Program - This program may pay a portion of a household's telephone installation cost and monthly basic telephone service to qualifying households.

### **LIHEAP:**

Low Income Home Energy Assistance Program - This program may provide assistance with home energy costs to qualifying households. The household may apply at their local community action agency.

**Medicaid:**

A medical assistance program for SSI recipients, recipients of AABD, and various other qualifying individuals

**Medicaid for Families with Children:**

Family Medicaid is a state medical program that provides medical assistance to qualifying families.

**TAFI:**

A time limited (24 months lifetime) temporary cash assistance program for eligible families who demonstrate efforts towards self-reliance. TAFI is also cash assistance for children who live with a caretaker relative that is not a parent; this assistance is not time limited. All adult household members, including children ages 16 – 18 who are not attending school, who receive TAFI are required to participate in work activities. (See Appendix H - TANF State of Idaho Work Verification Plan.) Temporary Assistance for Families in Idaho provides temporary cash assistance to eligible families who demonstrate efforts towards self-reliance; this assistance is for a maximum of 24 months. TANF Assistance received in other states counts towards Idaho's time limits. TAFI is also cash assistance for children who live with a caretaker relative who is not a parent; this assistance is not time limited. All adult household members who receive TAFI, including children ages 16-18 who are not attending school, are required to participate in work activities. Supportive Service money is available to assist these families in meeting the requirements of their Personal Responsibility Contract (PRC) that will lead them to employment.

**TEFAP:**

The Emergency Food Assistance Program - USDA food commodities distributed to qualifying individuals through the local community action agencies.

**WAP:**

Weatherization Assistance Program - This program installs energy conservation weatherization measures in an eligible participant's home's for qualifying households The installed measures include insulation of walls, ceilings and floors; infiltration materials; repair or replacement of heating systems, hot water units, windows and doors and measures addressing the participant's health and safety. The household may apply at their local community action agency.

**Populations to be Served by the Contractor**

Participants must be placed in the highest category in the hierarchy for which they qualify. (See Appendix N – Hierarchy of Referrals)

**TAFI:**

(Temporary Assistance for Families in Idaho) – A time limited (24 months lifetime) temporary cash assistance program for eligible families who demonstrate efforts towards self-reliance. TAFI is also cash assistance for children who live with a caretaker relative that is not a parent; this assistance is not time limited. Anyone who receives TAFI is required to participate in work activities.

Qualifying Adults

Qualifying children between the ages of 16-18 who are not attending school

*System identification: AF participation of "AP" or "EL" with an open ended participation.*

## **TRNS:**

(Transitional) Adult participants who received TAFI benefits and were closed due to employment or who requested TAFI closure due to employment within the past 12 months are allowed transitional work services for up to 12 months from their TAFI closure date. Transitional services provide skills and other supports to participants so they can obtain or maintain employment. Transitional services do not count toward the TAFI twenty-four (24) month time limit.

Individuals must:

- Be in need of work-related services to obtain or maintain employment and
- The household's monthly income must be under 200% of FPG Federal Poverty Guidelines and
- Live in the State of Idaho and must not be a resident of another state.

If the individual is no longer employed, there must have been good cause for the job loss while in the 12-month period.

## **CEJS:**

(JSAP): Adult participants who are receiving Food Stamps, are mandatory work, and are responsible for a minor child(ren) living in the home. Pregnant women also qualify. JSAP supportive service payments of up to \$25.00 per month are available for work related needs. JSAP (Food Stamps) must be checked as the Program on the voucher.

There are also limited TANF Supportive Service funds available for CEJS participants. Supportive service vouchers must be coded RISK and JOBS (TAFI) must be checked as the Program on the voucher..

Individuals approved for a one-time TAFI payment are not eligible under CEJS for the period of time they are ineligible to apply for TAFI.

*System Identification: AF participation of "NE" with an RT1 rejection code registered under the correct field office. FS participation of "EL" with UNWP screen coded as MW.*

This participant category allows TANF funds for a continuous twelve month period of time to pay for Contractor services and training under Enhanced Work Services.

## **CETA:**

(TANF funding for Contracted Services/No Supportive Service funding) These are adult participants who are eligible and receiving Food Stamps, are not mandatory work and are responsible for minor children under age 6 living in the home. Current State Plan for EWS states the only service the contractor will provide to this category is Contracted Services.

Individuals approved for a one time TAFI payment are not eligible under CETA for the period of time they are ineligible to apply for TAFI.

*System Identification: AF participation of "NE" with an RT1 rejection code registered under the correct field office. FS participation of "EL" with UNWP screen coded as ED.*

## **NCPP:**

(Non-Custodial Parent Program): These are adult non-custodial parents who must be referred by Child Support Services or by court order.

*System identification: AF participation of "NE" with an RT4 rejection code registered under the correct field office.*

This participant category allows TANF funds for a continuous twelve month period of time to pay for Contractor services and training under Enhanced Work Services.

Individuals approved for a one-time TAFI payment are not eligible under NCPP for the period of time they are ineligible to apply for TAFI.

## **JSAP:**

(Job Search Assistance Program): These are participants who receive Food Stamps and are mandatory work. These participants either have no minor child(ren) in the home or have no parental/financial responsibility for any minor child(ren) in the home. This type of referral consists of ABAWDS (Able Bodied Adults without Dependents) and Non-ABAWDS. JSAP supportive service payments of up to \$25.00 per month are available for work related needs.

*System identification: FS participation as "EL", UNWP screen coded as MW and CD field is keyed with a "Y" for ABAWD and the field defaults to "N" for Non-ABAWD.*

*System identification: FS participation as "EL", UNWP screen coded as MW under JSAP and "Y" indicates ABAWD.*

*System identification: FS participation as "EL", UNWP screen coded as MW under JSAP and "N" indicates Non-ABAWD.*

## **WKOP – Work Opportunity/Work Experiences**

Work experience in Idaho is unpaid, short term (**maximum of 13 weeks**) pre-employment work at any one work site through which the participant gains work experience based on an assessment. It also includes work experience through another agency's program, such as vocational rehabilitation or probation and parole, which is not community service. Work experience will provide an opportunity to improve the employability of those who cannot find unsubsidized employment through general skills, training, knowledge and work habits necessary to obtain employment. Relevant experiences will build on participant's strengths, talents, and assets so that participants are competitive in the job market. The goal of all work opportunities is paid employment.

- TANF assistance provided to work experience participants is not considered wages for Social Security, Federal income tax, or Earned Income Tax Credit purposed.

- The State may consider a participant to be an “employee” for purposes of workers’ compensation.
- Hours of participation in supportive activities (such as substance abuse treatment, mental health treatment or rehabilitation activities), various training or educational activities (such as vocational educational training, Adult Basic Education, and English as a Second Language), or other job search and job readiness activities cannot count under this activity.
- Prior to placement, potential work experience providers should be evaluated to match the participant with a position that is related to the participant’s employment goals and the needs of the work site sponsor.
- All work experience providers must sign an agreement with the State, through the Contractors. This agreement advises the provider that it must maintain records and prepare reports regarding the progress of each participant, including written verification of attendance. This must include information regarding the start and end dates of the activity, the weekly scheduled and actual hours, and the skills the participant will acquire.
- The worksite supervisor agrees to call the Contractor when concerns arise and provide daily supervision of the participant.
- Work experience placements may occur at any bona fide business, including private for-profit and non-profit organizations, as well as public agencies.
- A participant cannot be required to participate in this activity for more hours than the monthly TANF cash assistance amount plus the monthly food stamp amount divided by the minimum wage.
- Participants who participate for the maximum hours allowed under the minimum wage requirements of FLSA are considered to have satisfied the weekly number of core activity hours.

## Community Services

Community Service programs are structured programs and embedded activities in which TANF recipients perform work for the direct benefit of the community under the auspices of public or nonprofit organizations. Community service programs must be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and child care. Community service programs are designed to improve the employability of recipients not otherwise able to obtain employment, and must be supervised on an ongoing basis no less frequently than daily. To the extent possible, the prior training, experience, and skills of a recipient must be considered in making appropriate community service assignment.

- Community Service sites must sign an agreement with the Contractor. (Appendix Z – XXXXX—This appendix is not yet included)
- Family- and self-improvement activities that do not provide a direct benefit to the community may not count as community service, including substance abuse treatment, mental health and family violence counseling, life skills and parenting classes, job readiness instruction and caring for a disabled household family member
- Community service programs may not include activities that meet the definition of another allowable TANF work activity.
- Programs must include structured activities that both provide a community service and also improve the employability of participants.



- Excluded activities include unstructured and unsupervised activities such as help a neighbor or friend, and foster parenting.
- A participant that is considered an “employee” is subject to the Fair Labor Standards Act (FLSA) requirements.
- Community service placements are designed to provide a direct benefit to the community and occur at: Head Start agencies, libraries, area schools, soup kitchens, food pantries, senior citizen centers, nursing homes, hospitals, homeless shelters, etc.
- The participant cannot be required to participate in this activity for more hours than the monthly TANF cash assistance amount plus the monthly food stamp amount divided by the minimum wage.
- Participants who participate for the maximum hours allowed under the minimum wage requirements of FLSA are considered to have satisfied the weekly number of core activity hours.

## Vocational Educational Training

Vocational educational training (not to exceed 12 months with respect to any individual) is organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring training other than a baccalaureate or advanced degree. Vocational educational training is supervised on an ongoing basis no less frequently than daily.

- Unsupervised homework time may not count; however, structured and monitored study sessions which can be documented may count.
- Vocational education must be provided by education or training organizations, such as vocational-technical schools, community colleges, postsecondary institutions and proprietary schools, etc.
- Basic and remedial education and English as a Second Language (ESL) can only count as part of vocational educational training if they are used as “embedded activities.”
- Vocational education training is limited to 12 months per lifetime with respect to any individual. This monthly limit cannot be converted to weeks, days, or some other time period. In addition, it cannot be extended or waived based on the particular circumstances of any individual.
- Reporting any hours of participation in a month as vocational educational training counts as one month against the 12-month limit.
- If a vocational education training program includes a distance learning component, the countable hours are based on the educational institution’s standard for on-line class time.
- Countable vocational educational training placements may consist of:
  - Associate in Science Degrees in the following categories: Business Administration; Culinary Management; Dental Hygiene; Drafting and Design; Early Childhood Management; Electronics Technology; Interior Design; Legal Assisting; Medical Laboratory Technician; Registered Nurse; Radiography; Respiratory Care; others as appropriate
  - Vocational Certificates in the following categories: Automotive Service Technician; Barbering; Brick Masonry; Carpentry; Child Care Center Operator; Corrections Officer; Cosmetology; Credit Union Service Marketing; Dental Assisting; Electricity; Facials

Specialty; Heating and Air Conditioning; Massage Therapy; Medical Secretary; Nails Specialty; Network Support Services; Office Systems Specialist; Paramedic; Plumbing; Practical Nursing; Teller Training; Travel Agency Operations, Webmaster and Web Development; others as appropriate

- Actual hours spent in class as well as time spent performing clinical requirements, lab work or other ancillary activities required for approved vocational educational programs are considered to be a part of the primary activity for which it is required and is countable.
- Basic and remedial education and ESL can only count if the vocational educational provider submits a statement indicating that a participant in an otherwise approved vocational educational and training activity requires such instruction to participate in the program and that such instruction accounts for no more than five hours per week.

## **Job Skills Training**

Job skills training directly related to employment is training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace. It includes both customized and general training to prepare an individual for employment, including literacy and language instruction, if necessary to enable the participant to perform a specific job or engage in a specific job training program. Job skills training directly related to employment must be supervised on an ongoing basis no less frequently than daily.

- Barrier removal activities, such as substance abuse counseling and treatment, may not be included.
- Unsupervised homework time may not count.
- If a job skills training program includes a distance learning component, the countable hours are based on the educational institution's standard for on-line class time.
- Job skills training also includes all services and programs described in the vocational educational training activity. If a participant has used all of their VOTR months, hours for the same activities may be keyed in this category.

## **Education Directly Related to Employments**

Education directly related to employment, in the case of a participant who has not received a high school diploma or a certificate of high school equivalency is education related to a specific occupation, job, or job offer. It includes adult basic education and ESL, and where required as a prerequisite for employment, education leading to a GED or high school equivalency diploma in any educational program approved by the State Department of Education. Education directly related to employment must be supervised on an ongoing basis no less frequently than daily.

- May include both customized and general training to prepare an individual for employment, including literacy and language instruction.
- Barrier removal activities, such as substance abuse counseling and treatment, may not be included.
- Unsupervised homework time may not count.
- This is the preferred work activity for counting ABE, GED, ESL, and similar educational programs for adult clients. It consists of the following activities:

- Adult Basic Education (ABE); English as a Second Language (ESL); literacy skills; classes to prepare for General Equivalency Diploma (GED); testing to acquire GED certification; and supervised homework and study activities.
- Participants must achieve good or satisfactory progress, defined as a passing grade, or its equivalent, according to the standards set by the educational institution.
- If the Education Directly Related to Employment program includes a distance learning component, the countable hours are based on the educational institution's standard for on-line class time.

## **Satisfactory Attendance at a Secondary School**

Satisfactory school attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a participant who has not completed secondary school or received such a certificate means regular attendance, in accordance with the requirements of the secondary school or course of study, at a secondary school or in a course of study leading to a certificate of general equivalence, in the case of a participant who has not completed secondary school or received such a certificate.

- May include adult basic education and ESL, and where required as a prerequisite for employment, education leading to a GED or high school equivalency diploma.
- Participants should make "good or satisfactory progress" such as performance, attendance, and completion timeframes under the standards of the institution or program.
- Unsupervised homework time may not count.
- This is the preferred category for counting GED and similar educational programs for minor parents.
- Plans that include ESL, career training, alternative school, tutoring, dropout prevention, teen pregnancy or parenting programs must specify how they are an integral part of attaining GED or attending secondary school.

# TAFI (Temporary Assistance to Families in Idaho)

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## Overview

In Idaho the TANF cash assistance program is known as Temporary Assistance for Families in Idaho (TAFI). The goals of TAFI are jobs for participants and support for both personal and family responsibility. This focus requires more than government alone can or should provide. This program requires relationships where participants, families, local communities and employers work together to help participants obtain employment and achieve self-reliance.

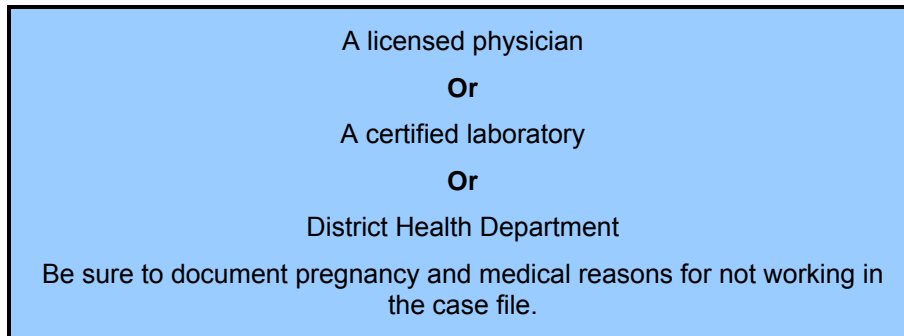
- 24-month lifetime limit (with some extensions for hardship)
- Pays \$309 per month regardless of household size
- Imposes full family sanction
- Requires all participants to participate in something (including federally countable or other activities)
- Includes alcohol and substance abuse screening
- Is available only to “needy” families with children
- A family is “needy” if the household’s countable income is below 32% of current federal poverty level
- In addition to the \$309 per month, supportive service funds are available to assist participants to find or retain work
- Provides enhanced work services to families receiving cash assistance and
- Two-parent families receive all TAFI services through a separate state-funded program that is not counted as MOE.

## Mandatory Individuals

Individuals who must be included in the family are listed below.

1. **Children.** Children under the age of eighteen (18) or, under the age of nineteen (19) if they are attending a secondary school or the equivalent level of vocational or technical training full time. Children must reside with a parent or a caretaker relative who exercises care and control of them. A dependent child’s natural or adoptive brother or sister, including half siblings, living in the same home as the dependent child must be included in the family.
2. **Parents.** Parents who have an eligible natural or adopted child residing with them.
3. **Pregnant Woman.** A pregnant woman with no other children who is in her last trimester of pregnancy and is unable to work due to medical reasons.

A pregnant woman with no other children can be eligible for TAFI. Eligibility starts the third calendar month before the month the baby is due. The woman must be unable to work due to medical reasons. Pregnancy, and medical reasons for not working, must be verified by:



## **TAFI Counter for Adults Excluded From TAFI Benefits**

Some adults are excluded from TAFI benefits, but their income and resources count for determining eligibility. Count each month the family receives TAFI against the excluded adult's TAFI time limit. Do not count the months the family receives TAFI against the excluded adult's Federal time limit. Examples of excluded adults are:

- Ineligible non-citizens.

The definition of work-eligible individuals cannot exclude drug felons, fleeing felons, applicants for SSI, or any other category of individuals not specified in the TANF interim final rule.

The exclusion for caring for a disabled family member is limited to a disabled family members who are living in the home and can only be applied when the disabled family member does not attend school full-time.

## **Residence Exception to the Time Limit**

In determining the number of months of Federal TANF or State TAFI participation, the Department/Contractor must not count any month the adult meets the conditions listed below.

- The adult lived in Indian country or an Alaskan Native village during the month, **and**
- The most reliable data about the month shows at least one thousand (1,000) individuals lived in the Indian country unit or Alaskan Native village and fifty percent (50%) or more of the adults were not employed.

The term "Indian country", as used in this section means:

- All land within the limits of any Indian reservation under the jurisdiction of the United States Government, notwithstanding the issuance of any patent, and including rights-of-way running through the reservation,
- All dependent Indian communities within the borders of the United States whether within the original or subsequently acquired territory thereof, and whether within or without the limits of a state, and
- All Indian allotments, the Indian titles to which have not been extinguished, including rights-of-way running through the same.

The Department will notify the Contractors when reliable data shows 50% or more of adults living in Indian country in Idaho were not employed. Indian country in Idaho is reservation lands. The reservations in Idaho are:

- Nez Perce in Lapwai
- Coeur d'Alene in Plummer
- Kootenai in Bonners Ferry
- Shoshone-Bannock in Fort Hall
- Shoshone-Paiute in Duck Valley

The NW Bannock-Shoshone Tribe located in Blackfoot has no reservation.

When a member of another Tribe who previously received TANF lives on an Idaho reservation, ask about the unemployment rate on the previous reservation.

### **Married Child under Age Eighteen (18)**

A married child under age eighteen (18) is no longer considered a dependent child. The child's subsequent separation, divorce or annulment does not change that status.

### **Unmarried Parent under The Age Of Eighteen (18)**

An unmarried parent under age eighteen (18) must live with his or her parents, unless good cause is established. Two (2) unmarried parents under the age of eighteen (18), with a child in common, can choose to live with the parents of the unmarried father or the unmarried mother.

Consult child welfare staff to establish good cause when a parent is:

- Under age 18,
- Lives on their own with their child, and
- Lives without adult supervision.

Include both parents in the determination of eligibility and grant amount when:

- One parent is under age 18,
- The parents are not married,
- The parents live together, and
- The parents live with the mother/father of the parent under 18.

### **Good Cause Not To Live With Parents**

Good cause reasons for unmarried parents under age eighteen (18) not to live with their parents are listed below.

#### **Child of Unmarried Parent under Age Eighteen (18) Conceived by Rape or Incest**

1. Proof is provided that the child of the unmarried parent under age eighteen (18) was conceived because of rape or incest, and

2. The individual who committed the rape or incest is a parent or other individual living in the household, and
3. The other parent in the home is not taking protective steps established in the child welfare plan.

### **Abusive Parents**

Proof is provided that the parents of the unmarried parent under age eighteen (18) are abusive and the physical or emotional health of the unmarried parent under age eighteen (18) or his or her child is jeopardized.

### **Parents Not Available**

The parents are not available due to incarceration, death, or their whereabouts are unknown.

### **Home Not Available**

The parents refuse to take the child back into the home and no alternative care is available.

### **Safety Threatened**

Proof is provided that the unmarried parent under age eighteen (18) is dangerous to the parents or other household members.

TAFI benefits are available to a parent, under age 18, with good cause, in the following adult supervised living situations:

- An adult guardian of the minor parent.
- Appropriate adult relative of the minor parent.
- An appropriate adult not related to the minor parent.
- Independent living arrangement with adult supervision.

Supervised living arrangements include a home for unwed mothers

### **Applicant Voluntary Quit**

The family is not eligible for ninety (90) days from the date any adult family member has voluntarily quit the most recent job of at least thirty (30) hours per week or have earnings which are equivalent to the Federal minimum wage multiplied by thirty (30) without good cause, within sixty (60) days of the application date.

If an adult quit a job after the application date but before approval, the quit is treated as an applicant voluntary quit. The family is not eligible for 90 days from the date of voluntary quit.

Request proof of the family's statements if the job quit is questionable or to determine good cause. Proof includes, but is not limited to, contacts with the previous employer or union organizations. If the employer cannot be contacted, or will not provide the information, try to obtain proof from a third party. In some cases, the family and the Department cannot prove the circumstances of the quit. This may occur because the employer cannot be located or refuses to cooperate. This may include quits due to employer discrimination or unreasonable employer demands. In cases where proof of the voluntary quit cannot be obtained, the budget unit should not be denied on the basis of voluntary quit.

## Prohibition on Applicant Striking

When any applicant adult family member is on strike, the entire family is not eligible. A strike is a concerted stoppage or slowdown of work by employees.

- The applicant strike penalty is ineligibility for the entire family.
- If an adult TAFI participant goes on strike, work penalties apply.

## Applying Penalties for Not Complying with Work Activities

Work activity penalties are applied as listed below.

### Family Penalty

Penalties apply to the entire family, but the number of individual occurrences follows the individual. The penalty period for the family is the greatest number of any individual's occurrences. If the individual leaves the family, any period of ineligibility caused by that individual ends. If an adult who does not comply returns or joins another family, any remaining period of ineligibility resumes.

### Work Activity Penalty

A fifty dollar (\$50) penalty per month, per child, will be subtracted from the family grant when a child sixteen (16) years of age or older does not comply with work activities, as long as the child resides with the family.

A child 16 or 17 years of age, who is not in school and not doing work activities, is subject to a \$50 penalty. Only one \$50 penalty applies to a child not doing work activities and not attending school. If the 16 or 17 year old is in school or doing work activities, no \$50 penalty is applied.

If a child living in a sanctioned family moves to a non-sanctioned household, the child may be added to the new household if otherwise eligible.

## TAFI Families with Grants Less than \$10

Count a month when a family is TAFI eligible, but does not get a grant because the amount is less than \$10, against the TAFI time limit. Do not count the month against the Federal time limit.

## TANF Cash Assistance Received in Another State

Count TANF cash assistance received by an adult in another state after July 1, 1997 against the TAFI time limit. Count all TANF cash assistance received in another state against the Federal time limit. When a family moves to Idaho, and has received TANF cash assistance in another state, determine through contact with the other state:

- Months of TANF cash assistance received by each adult.
- Months of TANF cash assistance received after July 1, 1997 by each adult.
- The last month and year the adult received cash assistance in that state.

Document the information about the cash assistance received. Note the name and phone number of the person providing the information and the state they represent. A priority narrative on NARR is a good tool



to document this information. NARR ensures the information is available on-line. This allows greater accessibility to the information.

### **Inquiries from Other States**

Another state may inquire about how many months of TANF cash assistance an individual received. Give them the total months of cash assistance counted towards Federal time limit. There are certain situations, as noted above, when a month of TAFI cash assistance counts against the TAFI time limit, but not the Federal time limit. This is because Federal regulations related to cash assistance are different from Idaho's rules. Due to this difference, the months used towards the Federal time limit must be used by another state to calculate the remaining months of cash assistance for an individual.

### **Alternative Resources**

The family must apply for any other source of income for which they are potentially eligible.

- Alternative resources include income from other benefit programs such as:
  - Unemployment benefits.
  - Workers' Compensation.
  - Social Security.
  - SSI.
  - VA.

Negotiate with the participant the date by which the participant must apply for potential benefits. This agreement should be included in the participant's PRC.

- SSI recipients do not have to apply for AABD.
- Potential foster care children do not have to apply for foster care.

### **Federal TAFI Work Requirements:**

#### **The participation and performance expectations are:**

- TAFI participants must agree to register for work with the Department of Labor and maintain active registration.
- Participants must agree to participate in the activities defined in their PRC agreement. These activities focus on the core and non-core components outlined in Appendix A - TANF Work Activities Chart.
- Participants who are unable to participate in countable work activities are still required to participate in other activities defined in their PRC agreement.
- Each adult with no children under six (6) must participate in work activities up to forty (40) hours per week and not less than thirty (30) hours per week.
- A child between the ages of sixteen (16) and eighteen (18), who is not attending school, must participate up to forty (40) hours per week in assigned work activities.
- A single custodial parent of a child under six (6) must participate for an average of only 20 hours per week in a month.

- All participants must have a minimum of 20 hours in one of the designated core work activities regardless of their total participation requirements listed above. If the participant does not meet the 20 hour core activity requirement, hours keyed in non-core activities do not count.

To calculate the **minimum** number of hours per month, multiply the number of work days in the month by six (6) hours. To calculate the **maximum** number of hours per month, multiply the number of work days in the month by eight (8) hours. EPICS Table "Work Days in Month" (Appendix B-TAFI Work Participation Activity Hours) contains the number of work days for each month. For a participant with a child under six (6), multiply the number of work days in the month by four (4) hours.

## One-Time Cash Payment

### Applicant One-Time Cash Payment

An applicant family may be eligible for a one-time cash assistance payment for any emergency need. The family must meet the income criteria in the first month of the one-time cash payment, but all income is excluded in calculating the monthly one-time cash payment amount. Eligibility criteria, except SSN, are verified at the discretion of the Department.

#### Applicant One-Time Cash Payment Eligibility Criteria

The applicant family must meet the criteria listed below:

- **SSN:** An SSN or proof of application for an SSN must be provided for each adult family member.
- **Dependent Child:** The family must have a dependent child or a pregnant woman must be in her last trimester and be medically unable to work.
- **Residence:** The family must live in Idaho and adults in the household must not have received a TANF payment in the same month from another state.
- **Voluntary Quit:** An adult family member must not have voluntarily quit their most recent employment within sixty (60) days or be on strike.
- **Income and Resources:** The family must be income eligible for TAFI and have no resources to meet the need.
- **Period of Ineligibility:** The family must not be in a period of TAFI ineligibility.
- **Agreement:** The family must complete a one-time cash agreement.
- **Episode of Need Restriction:** If a family received Career Enhancement services or Emergency Assistance, the family cannot receive a one-time cash payment for the same episode of need.

### Participant One-Time Cash Payment

A participant family may be eligible for a one-time cash assistance payment to obtain or maintain employment. A participant family must have at least two (2) months of the twenty-four (24) month TAFI time limit remaining for each month of the one-time cash payment. The participant family's income is excluded in calculating the monthly one-time cash payment amount. The participant family's PRC must be modified to include the one-time cash payment agreement.

A participant family may be paid a one-time payment for future months in the same month a TAFI payment is made.

A participant family may only receive a one-time payment to obtain or maintain employment. The one-time payment is made to help the family become self-reliant. A participant family does not have to meet the income eligibility criteria for the future month(s) to receive a participant one-time cash payment. Income eligibility is met since the family receives TAFI.

### One-Time Cash Payment Agreement

The one-time cash agreement must include the information listed below.

- **Reason:** The reason for the one-time cash payment.
- **Number of Months:** The number of months included in the one-time cash payment
- **Penalty Months:** The number of penalty months subtracted from the family's twenty-four (24) month time limit.
- **Remaining Months:** The number of months remaining in the twenty-four (24) month time limit
- **Ineligibility Period:** The months the family will not be eligible for TAFI

### Amount of One-Time Cash Payment

The amount of the one-time cash payment is the amount of need or up to three (3) times the maximum monthly grant amount.

### Ineligibility Period

A family who receives a one-time cash payment is ineligible for the number of full or partial months for which the one-time cash payment is made and one (1) additional month for each month included in the one-time cash payment. An applicant family who receives a one-time cash payment is ineligible for TAFI beginning the month of the one-time cash payment. A participant family who receives a one-time cash payment is ineligible for TAFI beginning the month after TAFI ends due to the one-time cash payment. The ineligibility period counts toward the twenty-four (24) month time limit.

### Lifetime Eligibility

A family can be eligible for a one-time cash payment only once in a lifetime in Idaho.

A one-time cash payment or a cash diversion payment from another state does not count toward a family's eligibility of a one-time payment in Idaho.

### Extended Cash Assistance (ECA)

Extended Cash Assistance (ECA) may be provided to families who have received twenty-four (24) months of assistance. All eligibility criteria apply to ECA.

## Extended Cash Assistance Application

No application is required for ECA for families receiving temporary cash assistance. For all other families an application is required.

## Extended Cash Assistance Application Eligibility Criteria

In addition to all the eligibility requirements for TAFI, all adults in the family must meet one (1) of the conditions listed below.

- **Physical Condition:** A physical or mental condition expected to last at least three (3) months. The condition must prevent any employment that would generate earnings of at least one hundred sixty seven percent (167%) of the maximum grant, per month.
- **Care of Ill or Incapacitated Family Member:** Care of an ill or incapacitated child or spouse in the home. The in-home care must be provided for a minimum of one (1) month. The care must prevent any employment that would generate earnings of at least one hundred sixty seven percent (167%) of the maximum grant, per month.

## Extended Cash Assistance Application Approval

If ECA is approved, the Notice of Decision must provide the family the information listed below.

- **Approval:** The length of time of ECA approval,
- **Amount:** The ECA amount,
- **Review:** The next ECA review date,
- **Review Information:** Advice the family of any information that may be required at the next review.

## Extended Cash Assistance Application Time Limits

There are no time limits for ECA, but all adults in the family must continue to meet both ECA and temporary cash assistance eligibility criteria.

Families can be eligible for Extended Cash Assistance (ECA) any time after they reach the 24 month TAFI/TANF assistance limit. Families do not need to be receiving TAFI when they apply for ECA. Families that reach the 24 month TAFI limit may apply for ECA whenever they need it. They can receive ECA if they meet the eligibility criteria.

## Single-Parent Families

The Federal minimum number of hours per week for a single parent household with a child(ren) age 6 or older is an average of 30 hours per week in the month. (To calculate 30 hours per week in the month, multiply the number of work days in the EPICS Table "Work Days in Month" for the month by six (6) hours)

The Federal minimum number of hours per week for a single custodial parent with a child(ren) under age six is an average of 20 hours per week in the month. (To calculate 20 hours per week, multiply the number of work days in the EPICS Table "Work Days in Month" for the month by four (4) hours)

Single-parents with a child under 12 weeks must have EPICS keyed correctly the month of the child's birth to ensure that the 12 week exemption period is activated timely. At the time of the child birth CLPA must be keyed EL as of the date of birth. This starts the 12 week counter. Any day in a calendar month during the 12 week timeframe exempts the parent from meeting the single parent work participation hours.

A parent providing care for a disabled family member living in the home who does not attend school on a full-time basis is excluded from the definition of a work-eligible individual and will not count in the participation rates. However, Idaho requires all recipients of TAFI to participate in activities. The excluded caretaker individual would submit a timesheet with the hours of care documented and the disabled individual are also required to participate up to 40 hours per week in activities per State requirements. (Participation code on CLPA = IP) A two-parent family with a disabled work-eligible individual is not considered to be a two-parent family for work participation rate purposes.

Medical documentation to support the need for the parent to remain in the home to care for the disabled family member must be included in the participant file.

## **Two-Parent Families**

The Federal minimum number of hours per week for a two-parent family not receiving subsidized child care (ICCP) is an average of 35 hours per week in the month. To calculate 35 hours per month, multiply the number of work days in the EPICS Table "Work Days in Month" for the month by seven (7) hours.

The Federal minimum number of hours per week for a two-parent family receiving subsidized child care (ICCP) is an average of 55 hours per week in the month. To calculate 55 hours per month, multiply the number of work days in the EPICS Table "Work Days in Month" for the month by eleven (11) hours.

[See Appendix B - TAFI Work Participation Activity Hours.](#)

## **Individuals Convicted under Federal or State Law**

Of any offense classified as a felony involving the possession, use, or distribution of a controlled substance, can receive transitional services only when they comply with the terms of a withheld judgment, probation or parole.

The felony must have occurred after August 22, 1996.

Felons who are fleeing to avoid prosecution, custody or confinement after conviction of a felony or an attempt to commit a felony cannot receive transitional services.

Felons who are violating a condition of probation or parole imposed for a federal or state felony cannot receive transitional services. Individuals convicted in a federal or state court of fraudulently misrepresenting residence to get TANF, AABD, Food Stamps, Medicaid, or SSI, from two (2) or more states at the same time, cannot receive transitional services for ten (10) years from the date of conviction.

*System Identification: AF participation of "EL" with a CF3 or CF4 closure code. The individual may have a FS participation of "EL" with UNWP screen coded as MW.*

## FLSA Deeming

Idaho is one of 6 states that have adopted a “mini” Simplified Food Stamp Program and education and training services to Food Stamps participants. The State of Idaho plans to use the “deeming” provision permitted for work experience or community service programs.

The EWS Contractor will determine the maximum hours of participation for Work Opportunity and Community Services sites by using the cash assistance benefit amount and the Food Stamps issuance amount divided by Federal minimum wage. The Contractor will review pay history the 1st of each month for changes in benefit allotment which may affect the number of hours the individual may participate in Work Opportunity sites or Community Services. If the numbers of hours available fall short of the required hours of participation, the Contractor will “deem” the additional hours necessary to meet the required work participation and document the hours deemed by narrating the number of hours “deemed” in EPICS.

### Deeming Hours

The Fair Labor Standard Act applies to Subsidized Private Sector and Public Sector Employment, Work Experience Activities, and Community Service Activities. Any participant that participates the maximum hours they are allowed under the minimum wage requirements of FLSA as considered having satisfied the 20-hour per week core activity requirement if the actual participation falls short of 20 hours per week.

This is when you would use deeming.

- The “deeming” policy is limited to core hours and cannot be extended to other programs or categories of individuals, such as those with a disability.

#### Example #1:

Participant is required to participate 30 hours per week

Participant receives:

TAFI Cash Assistance	\$309.00
Food Stamp Benefit	<u>\$101.00</u>
TOTAL Monthly Benefits	\$500.00

Formula to calculate FLSA hours:

$\$500.00 \text{ divided by } \$5.15 \text{ (min. wage)} = 97.08 \text{ hours per month}$

$97.08 \text{ hours per month divided } 4.3 \text{ weeks per month} = 22.5 \text{ hours per week}$

In this example you would not deem any hours. The participant would be required to participate 7.5 hours per week in another activity to reach their 30 hours per week participation requirement.

#### Example #2:

Participant is required to participate 30 hours per week

Participant receives:

TAFI Cash Assistance	\$100.00
Food Stamp Benefit	<u>\$100.00</u>
TOTAL Monthly Benefits	\$200.00

Formula to calculate FLSA hours:

\$200.00 divided by \$5.15 (min. Wage) = 38.83 hours per month

38.83 hours per month divided by 4.3 weeks per month = 9.03 hour per week

In this example you could deem 11 hours per week to reach the 20 hour CORE Activity requirement. You would then require the participant to participate in another activity for 10 hours per week to reach their 30 hours per participation requirement.

## Service Category Requirements

### Pre-Screening Services (*TAFI Only*)

The Contractor will accurately perform initial application eligibility screening for all TAFI applicants entitled to such Screening within one (1) business day of application referral. The effective date of the TAFI grant is the date income and resource criteria are met, and a PRC is signed, unless the Department causes a delay, or a later date that is negotiated with the Department.

The intent of this rule is to provide benefits from the date all income and resource criteria are met and a PRC is signed. If the Department does not conduct an eligibility interview within 5 days of the date of application, the Department caused the delay.

When a family applies towards the end of the month, give the family the opportunity to choose whether they want to use the prorated month of application as a month of benefits. A new application is not required, if the family requests benefits beginning the month after application.

The Contractor will discuss and provide the potential participant information about the program(s) being addressed and explain the parameters of the program in detail as they relate to each program(s):

- Application date
- Income & Resource limits
- Participation requirements
- Program time limits

The Contractor will complete trial eligibility in EPICS system:

- EPICS host menu
- Select option 7-Trial Eligibility
- Select appropriate category from the Trial Eligibility Menu

The Contractor shall have the primary responsibility for booking an appointment with the TAFI applicant within five (5) business days from the date of referral/screening.

## Referrals

TAFI applicants are referred to the EWS Contractor through EPICS in the application/pending status.

The Contractor will develop a process for setting appointments for new referrals to meet the required contract timelines.

The Contractor shall have the responsibility for booking an appointment with the TAFI applicant within five (5) business days from the date of referral/screening.

The EWS system will detect referrals that are over the five (5) business day assessment timeframe. The Contractor must narrate the reason why appointment was over five (5) business days with a narrative type of "EC".

TAFI referrals are made to the Contractor according to the TAFI processing procedures established by each region.

### ***Exceptions for TAFI referral only exist for:***

- Ineligible Aliens (IA's)
- Non-Parent Caretaker Relative not included in the grant who receives a TAFI grant for a relative child
- An adult providing care for a disabled family member living in the home, who does attend school on a full time basis, provided that the need for such care is supported by medical documentation.

Electronic Referrals will immediately display on the pending referred participant list (EWPR) by local field office. Referrals will remain listed on the screen until enrollment or de-enrollment is keyed on the participant referral/maintenance (EWPR) screen.

Communication between Department staff and the Contractor will occur through email, EPICS on-line narratives, or manual and systems alerts displayed on the alert screen in EPICS.

The Contractor shall make a minimum of two (2) attempts to contact the participant within reasonable time frames to schedule the Assessment appointment and the case file shall include documented date and time of attempts. Participants who fail to show without good cause for the scheduled appointment with the Contractor will be closed by the Contractor in the EWS system. The EWS closure will trigger an alert on the TAFI case for the Department to deny the TAFI application. The Contractor will narrate their actions.

The Contractor will navigate to the participant profile screen (EWPP) to obtain mailing address and telephone number for each referral or they can access the ADDR screen in the EPICS case.

## Assessment

Assessment must be completed for all referrals. Contractors are responsible for providing an appropriate assessment based on the contract requirements.

The Contractor shall develop effective employment related services for the purpose of assisting referrals to the Enhanced Work Services Program for gaining, sustaining and upgrading employment to achieve self reliance.



## Substance Abuse Screening

Administer a substance abuse screening for each TAFI applicant as a part of the assessment process. The Contractor must update the information into the EWS automated system. A new screening must be completed after any break in benefits.

The Department must provide notice of substance abuse screening and possible testing to each TAFI applicant. The notice must advise the applicant of the factors listed below. (See Appendix X – Are You Applying For Cash Assistance?)

- **Screening Requirement:** The Department conducts substance abuse screening as a condition of receiving TAFI cash assistance.
- **Testing Requirement:** The Department conducts substance abuse testing as a condition for receiving TAFI cash assistance, if screening indicates the applicant is engaged in, or at high risk of, substance abuse. If the screening indicated the applicant is not engaged in, or at high risk of, substance abuse but the applicant discloses they are using, the Contractor can refer the applicant to a substance abuse treatment program on a voluntary basis.
- **Treatment Requirement:** Participants must agree to enter a substance abuse treatment program and cooperate with treatment, if screening, assessment or testing shows them in need of substance abuse treatment.
- **Participant Information:** Before screening the Department will provide participants information about the purpose of substance abuse screening, testing and treatment.
- **Confidentiality of Screening and Testing:** Substance abuse screening and testing results are confidential under Section 9-340C(6), Idaho Code. Results can only be released to an evaluating or treating substance abuse program. Results cannot be released for use in any criminal investigation or proceeding.
- **Right to Withdraw Application:** Substance abuse screening and testing is not required if the person does not apply for, or receive, TAFI.
- **Eligibility of Children:** If the applicant chooses not to comply with substance abuse screening and testing requirements, the children in the case can still be TAFI eligible.
- **Receipt of Notice:** Participants must acknowledge in writing the receipt of notice of screening and testing requirements. The Department will provide a copy of the signed acknowledgment to the participant.

After the compliance/completion of the substance abuse screening, the Contractor will include in the individual PRC any subsequent substance abuse activities as required. (For additional information and related documents, see Appendix R – TAFI Release of Information and Confirmation of Contact with Substance Abuse Treatment Provider, Appendix T – Network Substance Abuse Providers, Appendix V – Protocol for TAFI Referrals, and Appendix Y – TAFI Substance Abuse Intake Packet.)

Substance Abuse Screening non-compliance – de-enroll

It is a requirement of the Department that the PRC Work Plan is individualized to meet the program requirements and each participant's individual needs.

Develop an effective PRC Work Plan for each participant that will include goals to obtain participation rates, employment and support for both personal and family responsibility. Manage the PRC Work Plan utilizing a methodology which will enable the participant to meet the requirements. The Contractor must

narrate the information in the EPICS Narrative Screen. If a participant is referred to another contractor (JET) the Contractor will provide a copy of the PRC Work Plan to them.

The PRC should address the strengths and barriers identified in the participant's assessment. Develop appropriate activities that support the participant's prior training, experience and skills. These activities shall satisfy program/participation requirements for each EWS participant. These requirements shall be written into each individual PRC Work Plan and updated as appropriate.

- Standard PRC action steps are required for all families. These action steps may be accomplished by signing the need copy of the doc for name—add as an Appendix. Standard PRC action steps include:
  - Immunizing children.
  - Keeping children in school.

Contractor must ensure that all EWS participants are registered for work with the Department of Labor and maintain active registration. Documentation of this registration must be in the participants file.

Prior to TAFI approval individuals must complete forty (40) hours of work activity to meet the Federal TAFI work requirement. (See Appendix B - TAFI Work Participation Activity Hours Chart)

The Contractor will attempt to contact participants who fail to show for the initial appointment to evaluate good cause prior to de-enrollment. If good cause does not exist the participant will be de-enrolled by the Contractor in the EWS system using an EWC03 closure code. The de-enrollment will trigger an alert to set on the TAFI case for the Department to reject the TAFI application. The Contractor will narrate the no show and email the Department.

A participant may choose to withdraw his/her application for TAFI. The Contractor will obtain a written request from the participant for the withdrawal from TAFI, forward the request to the Department and place a copy in the participant file. The Contractor will set an alert in EPICS and email notification of the withdrawal to the Department.

Narrate completion of PRC/Mini PRC and Substance Abuse Screening on NARR screen

Narrate and notify the Department of the compliance of the five (5) day work activity requirement

## **Case Management**

Provide Case Management Services as appropriate.

Daily supervision will be conducted through collection of weekly time sheets, attendance records, or the participant's daily log of activities. The documentation will consist of copies of job contact information, applications submitted, addresses, phone numbers and names of job contacts. These must be documented in the participant's case file and narrated no less frequently than weekly. *In person* contact between the case manager or other service provider must be no less frequently than weekly. A supervisor or case manager must always be available for advice between regularly scheduled meetings.

The PRC must be updated on a regular basis as current activities are completed and new activities are added.

When changes in eligibility status for TAFI occurs that affect the participants category of referral the Contractor will determine if the individual can continue participation under another category of referral. The Contractor will close the current enrollment. The Contractor will have the responsibility for completing EPICS entry and keying the new category of referral the first of the following month and enrolling the individual in the EWS system. (See Appendix U – Change Report for an example.)

The Contractor will identify good cause for an applicant's failure to show for an appointment prior to keying a EWS closure code. If good cause does not exist, the Contractor will have the responsibility to de-enroll the individual from EWS on the EWPR screen. The Contractor will enter an end date for services along with the appropriate closure code. This will set a system alert on the EPICS ALLEN screen notifying the Department of the EWS closure.

If the TAFI case is open and benefits have been released the participant will be sanctioned using the Prudent Person rule.

## Timesheets

An agency approved Time Sheet must be given to the participant to record their hours of activity. Contractors must use the Department approved EWS Participant Weekly Activity Sheet to summarize all time sheets for each month. (See Appendix C – EWS Participant Weekly Activity Sheet) The appropriate Contractor case manager must sign this summary sheet.

The Time Sheet must contain a detailed description of each activity, including information on potential employers visited in person, by internet or by phone, and a daily record of the actual time spent engaging in such activities. Only actual hours may be counted. Designating a set time for an activity, such as one (1) hour per contact-two (2) hours per interview, is no longer acceptable.

The Time Sheet must contain the date and time of contact, type of contact, the position of interest, and the name of the employer and the contact information. . (See Appendix J – Report of Job Search Activity for an example)

Internet job search is verified through printouts of employer home pages and evidence of applications/resumes submitted. If the participant does not have access to a printer, the URL's of the sites searched must be documented on the timesheet. Additional documentation should include the name of the company, contact information and the position researched and/or applied for.

The TAFI case manager must ensure the accuracy of the reported information by conducting random reviews and follow-up with employers.

The Time Sheet must be signed by the participant and the appropriate activity supervisor or medical service provider. If multiple activities are included on the time sheet, multiple signatures may be required. Time sheets cannot be completed in pencil. Any changes made to the original timesheet must be initialed by the participant.

The Contractor will document all daily activity and enter updated information into the EWS automated system for each participant. Such information must reflect participant's current activities and status. Information affecting critical timelines, such as sanctions, closures, employment and etc. must be communicated and narrated immediately.

The Contractor will verify the WOPR hours balance with the participant's timesheet and key in correct component into the EWS System.

Participants who fail to turn in a Time Sheet as specified in the agreement will be sanctioned. (Reference section below on Sanctions/Non-Compliance)

If a participant turns the Time Sheet in after the date specified, but before the effective date of the sanction, good cause for failure to comply must be determined. Good Cause determination must be made using the "Reasonable Person" Concept. If good cause does not exist and the sanction was requested solely on the basis of the missed time sheet, the Contractor can accept the late Time Sheet reflecting

completion of negotiated activities. If the late Time Sheet is accepted, do not impose a sanction. The participant is considered to have complied before the effective date of the sanction.

### **Excused Absences**

Idaho's excused absence policy provides for excused absences in the following instances:

In conjunction with the actual hours policy, the participant may be given credit for hours on identified holidays. The hours should be keyed in the category in which the participant would have had hours should the holiday not have occurred and only the number of hours regularly given for the identified activity. For example, if the participant normally has a VOTR class on Monday for 4 hours and the educational facility is closed on Monday due to a holiday, the participant can be given credit for 4 hours of VOTR. The following holidays will be observed:

- Christmas
- New Year's Day
- Martin Luther King Day
- President's Day
- Veteran's Day
- Columbus Day
- Labor Day
- Memorial Day
- Independence Day
- Thanksgiving Day

Ten (10) additional days for individuals in unpaid work activities in a twelve (12) month period with no more than two (2) occurring in any single month. Individuals in paid work activities will be allowed the sick and vacation leave the employer provides.

The 10-day excused absence policy cannot be converted to an hourly standard (e.g., 10 days cannot be converted to 80 hours). If any hours are given for any absence for any part of a day, it counts as one of the days available for excused absences.

The excused absences must occur on the day of regularly scheduled participation/work and may be used for illness, doctor's appointments, family emergencies, and other emergencies such as transportation problems.

Tracking use of the excused absences will be conducted by the Contractor and documented in the case file with time sheets. Contractor monitoring will review these files for correct use of excused absences.

### **TAFI WOPR:**

EPICS will create a TAFI WOPR Worksheet for participants when their participation code on CLPA is EL, their work code on UNWP for JOBS is MW, and their TAFI benefits are paid for the month.

The worksheet for each TAFI participant should be keyed prior to the 15<sup>th</sup> of each month for the prior month's activities. Enter actual hours of participation on the TAFI WOPR screen. Contractor will key TAFI hours for the previous month's activity hours and will key a deferral code (GA) for those TAFI individuals also receiving Food Stamps and mandatory work for the JSAP program. In these situations it is only necessary to key a TAFI WOPR each month instead of both a Food Stamp and TAFI WOPR for each mandatory individual.

A preliminary report will be generated on the 15<sup>th</sup> of each month notifying the Contractor that TAFI WOPR has not been keyed and whether the individual has passed federal reporting requirements. This section will be updated as soon as the new schedule is confirmed by Toni Witt.

If a TAFI participant has deferred participation in the JSAP program, the Contractor is responsible to key the appropriate code. The deferral code is: GA: Participating in TAFI activities other than Work Opportunities.

### **How to Count Search (SRCH) Weeks**

Search weeks should be counted using the guideline of a week = seven (7) consecutive days. A week is not Sunday through Saturday.

When a week is split between two months, the hours must be keyed in the month they occur but the SRCH week may be keyed in either month. Caution should be taken to avoid keying a SRCH week in the first month because there were hours in the last calendar partial week of the month and then looking at the next month and keying a SRCH week in the second month because there are hours in the first calendar partial week of the month.

The required break in SRCH weeks can occur at any time and be of any length (minimum one week-seven (7) consecutive days) as long as there is no more than four (4) consecutive weeks during any period of time.

The SRCH week counter starts over every October 1.

### **Work Opportunity Sites**

TAFI participants may be required to take part in unpaid Work Opportunity/Work Experience.

### **TAFI Exemptions-Good Cause for Work Requirements Only:**

TAFI participants who are a single parent with a child under six years of age and any of the following apply may be given Good Cause:

- Appropriate child care is not available within a reasonable distance from the participants home or work site, or
- Child care by relatives or others is not available or is unsuitable, or
- Appropriate and affordable child care is not available.
- Inform participants who need child care they can apply for ICCP with the Department.

If any of the above conditions exist, the participant may have good cause for not meeting federal participation rates.

### **Referring Participants to A Work Site:**

The Contractor will, during the assessment and completion of the PRC:

1. Discuss the benefits of participating in a WKOP when negotiating activity hours.

TAFI participants can work at for-profit or public/private non-profit sites.  
Food Stamp participants can only work at public or private non-profit sites.

2. Complete the Appendix M - Work Opportunity Participation Hours (HW 0656) form when the PRC indicates the participant will participate in a WKOP. The form is sent to the Work Opportunities Contractor.
3. Determine the hours of participation in a WKOP by reviewing pay history of the TAFI grant and the Food Stamp allotment if the participant is receiving Food Stamps. (An individual participating in WKOP is considered to be an "employee" under the Fair Labor Standards Act (FSLA) and must be compensated at the applicable minimum wage)

An individual's work experience hours are calculated by dividing the TAFI benefit and the value of Food Stamps received by the Federal Minimum Wage.

4. Review issuance history the 1<sup>st</sup> of each month for changes in benefit allotment which may affect the number of hours the participant may participate in a WKOP.
5. Inform the Work Opportunities Contractor of changes in the number of hours of participation allowed per benefit allotment.
6. Update the PRC to reflect any changes.
7. Have the participant sign a Work Opportunities Placement Agreement and explain the responsibilities, rights, requirements and the results of failure to comply.
8. Provide the Work Opportunity participant with Time Sheets. (Use Department approved Time Sheets)

The Contractor will assure:

1. Participant does not exceed 13 weeks at one work site.
2. This activity must be supervised by an employer, work site sponsor, or other responsible party on an ongoing basis no less frequently than daily.
3. Participant returns Time Sheet weekly signed by the WKOP supervisor.
4. Participant understands the importance of working no more than the assigned number of hours.
5. Participant is informed it is part of his/her responsibility to keep track of the hours and not exceed the maximum.

## Supportive Services

The Contractor may authorize up to the allowable limits in supportive service money per month per participant. The supportive service funds may be used to cover participant expenses for gas, clothes, or other costs associated with the fulfillment of their PRC requirements. Payment of these costs is made by vendor payment. Refer to Appendix D - Supportive Service Codes.

## Vendor Registration

If the Contractor cannot locate the vendor in the current vendor payment system, the Contractor will obtain the appropriate vendor forms and verify if the vendor will accept our Authorization of Payment forms. The Contractor will register the vendor in the system.

If the Contractor finds the particular vendor in the vendor payment system, a voucher for Authorization of Payment for Goods and Services: HW 0661 form should be completed. (See Appendix L for an example of the form.) The following information should be entered on the form:

- Vendor number
- Service Code (See Appendix D – Supportive Service Codes.)
- Activity Code (See Appendix E – Activity Codes.)
- Field Office to which the case is located/assigned
- Program: TAFI or JSAP services
- Employment marked
- Vendor Name
- Participant name
- Case number
- Client ID number
- Brief description of the services/goods requested
- Amount (this amount cannot exceed Department limits per participant per period of time).
- Expiration date
- Contractor signature
- Billing Address
- Authorized date

Verify the Supportive Service Vouchers are completed correctly and within the spending limits for participant category.

Vouchers are the equivalent of a check, a legal instrument and very few changes should be made. If there are any changes necessary to a written voucher, they must be initialed and dated and made prior to the voucher being processed. If numerous changes are necessary, the voucher should be voided and a new voucher issued.

Work activity codes must coincide with Category Activities. For example if there are no SRCH hours in a month on a WOPR the work activity code on the voucher cannot be SRCH. If the participant has hours in multiple categories, the activity code on the voucher should represent the activity category most closely related to the need.

### Authorization of Payment for Goods and Services (HW 0661) Distribution:

- White original and Canary goes to the participant to give to the vendor.
- Pink goes in the participant's case record.
- Golden is retained by the Contractor.
- White original is returned to the Contractor with the vendor's billing statement as authorization to pay.

### Supportive Services Include the Work Related Expenses Listed Below:

#### Transportation

- Gas, auto fluids, and minor items necessary for the vehicle to operate safely, such as belts or windshield wipers.

- Arrearage on car payments.
- A one-time car insurance payment. (Car insurance is an on-going expense. The participant needs a plan to pay the cost in the future.)
- Bus, taxi fare, or actual costs of public transportation.
- The purchase or repair of bicycles.

#### **Auto repair**

- For TAFI participants necessary for participation in work activities.

#### **Work-related clothing**

- Appropriate for work activities.

#### **Tools and equipment**

- Necessary for work activities.

#### **Fees for licensure and certification**

- Including state, federal and local licensure or certification.
- Fees for reinstatement of licenses
- DO NOT include fines.

#### **Other work-related services needed for work participation:**

- Haircuts and personal hygiene items.
- Photo identification
- Eye glasses, hearing aids and dentures. (These are medical expenses for external use, not "medical treatment." Use Medicaid guidelines as a payment basis for eye glasses.)

#### **Utility costs**

- Paid in one payment. The payment can include only two months arrearage, plus the current month and one future month. If the participant received a Low Income Home Energy Assistance Program (LIHEAP) benefit, they do not qualify for this service.

#### **Security deposits**

[See Appendix F - Payment Guidelines for TAFI Supportive Services.](#)

#### **Supportive Services Excluded**

TAFI Supportive Service dollars must not be used for the Supportive Services activities listed below:

- Child care of any type.



- Medical services, including medical exams.
- Motorized vehicle purchases and down payments.
- Any service available through other resources.
- Any service for a need already met by Emergency Assistance or a one-time TAFI payment.
- Payments on charge cards.
- Furniture and major home appliances.
- Fines.
- Professional union or trade dues.
- Counseling for a child.
- Children's clothing and school supplies.
- Mortgage payment or rent.

### **Verification of Employment**

The Contractor is required to obtain verification of all employment. This may be accomplished through check stubs, Third Party Verification, or a completed Work Verification Form on all TAFI participants who are/become employed during the period of time the participant is open in EWS. (See Appendix O – Work Verification Form)

The completed Work Verification Form must be placed in the participant's file.

The Contractor shall key the EWPE Screen (EWS PARTICIPANT EMPLOYMENT INFORMATION Screen), notify the Department of employment, and narrate.

The Contractor is also responsible for documenting termination of employment if they are notified of the action. (See Appendix Q – Verification of Termination of Employment)

### **Non-Compliance (Failure to Comply)**

Failure to comply with TAFI requirements includes failure, without good cause, to meet participation requirements agreed upon in the PRC, such as:

- Conduct job search,
- Participate in Work Opportunities,
- Other skills training for the required number of hours, or
- Required number of hours.

Participants who refuse to comply with TAFI work requirements will be de-enrolled by the Contractor with the appropriate closure code EWC02. The Contractor will send an email to the Department recommending sanction be imposed on the household by the Department.

If the participant complies with the requirements prior to the sanction in the month the benefits were received, the request for sanction can be reversed. Notify the Department of the compliance.

When a TAFI participant fails to comply with any TAFI activity, determine if the participant must be sanctioned for JSAP. If the individual continues to be a mandatory JSAP participant when TAFI ends, impose a JSAP sanction. If the individual is no longer a mandatory JSAP participant when TAFI ends, DO NOT impose a JSAP sanction

## **Good Cause**

Good Cause determination using the reasonable person concept must be made by the Contractor within the month prior to sanctioning.

If a participant does not fulfill a work requirement in the PRC, do not automatically close EWS without looking at and evaluating the reason/situation why the participant failed to comply. If a participant has good cause not to participate in TAFI, the Contractor will be responsible to key a "Y" in the Good Cause space on WOPR.

Evaluate the reason/situation using the reasonable person concept.

The Contractor should ask him/herself these three questions - -

- Does the excuse meet a business environment equivalent?
- Was the requirement realistic?
- Did the participant do all they could to meet the expectation?

Each time an adult participant does not comply with work activity requirements in their PRC, without good cause, it is counted as an occurrence. The family is subject to the penalties, based on the number of occurrences, as listed below:

## **Sanction Periods**

- 1st failure to comply: The family is ineligible for one (1) month or until compliance, whichever is longer.
- 2nd failure to comply: The family is ineligible for three (3) months or until compliance, whichever is longer.
- 3rd and subsequent failures to comply: The family is ineligible for lifetime.

The TAFI sanction begins the first month after Department is notified of non-compliance unless a Fair Hearing is requested.

The TAFI sanction ends when the Participant serves the minimum sanction period and complies with the PRC contract.

A sanction for TAFI can be ended before the penalty period has elapsed if one of the following occurs:

- Fair Hearing Reversal
- Sanctioned participant leaves household

## **Notification of Sanction**

The Contractor will take action against all participants that fail to comply with their PRC without good cause.

Immediately notify the Department and set an alert of the participant's failure to comply so a sanction recommendation or withdrawal can be applied appropriately. The alert will give:

- Participant's name
- Client ID #
- Case #

- Reason for the non-compliance

The Contractor will document the reason for the non-compliance in the participant's case file and narrate the reason on the NARR screen through the EWS system. The documentation will include:

- Number of attempted contacts made to the participant
- Participant's comments if contact is made
- Why good cause was not given

Once the alert is sent to the worker the Contractor will close the EWS case at the EWPR screen with the appropriate closure code. (See Appendix G – EWS Closure Codes) The participant is no longer eligible for EWS services.

The participant will need to be referred again by the Department to receive additional services from the Contractor. Participants closed for non-compliance will need to serve the penalty period and clear the sanction before being referred electronically through EWS.

Participant will be instructed by the Department or their designee to contact the Contractor to comply with the non-compliance issue. Once the Contractor determines the participant has complied, they will communicate to the Department via e-mail, alert, and/or narrative.

The Department will place the sanction and narrate the action taken by the Department and which sanction was placed on the participant. IE - 1st, 2nd or 3rd sanction.

### Timely Notification

The 10 Day Advance Notification is NOT required when a condition listed below exists. It **IS** required for employment closure.

1. **Family Request:** The family requests closure of the grant in writing.
2. **Family Member in Institution:** A family member is admitted or committed to an institution.
3. **Family's Address Unknown:** The family's whereabouts are unknown and Department mail is returned showing no known forwarding address.
4. **TANF Received in Another State:** A family member is receiving TANF in another state.
5. **Child Removed;** A child family member is removed from the home due to a judicial determination.
6. **Intentional Program Violation (IPV);** An IPV disqualification begins the first month after the month the member receives written notice of disqualification.
7. **Failure to Comply with Personal Responsibility Contract:** A participant fails to comply with activities agreed to in the participant's Personal Responsibility Contract.

### Job Readiness

Provide, identify, and contract as necessary to present a complete array of Job Readiness Services for use in the EWS Program in the State of Idaho to ensure the highest probability for success for all participants.

Collaborate with Idaho's Labor Workforce Investment Program for participant placement in appropriate OJT sites to ensure opportunities for participants to acquire general skills, training, knowledge, and work habits necessary to obtain and sustain employment.

Job readiness activities are only countable for contractual purposes when they are separate and distinct from initial assessment and orientation.

Job readiness activities means: preparation to seek or obtain employment including life skills training, short-term substance abuse treatment, and mental health treatment or rehabilitation activities for those who are otherwise employable. Job readiness activities are keyed as SRCH and may include:

- Work preparation activities such as assessments, classes, workshops, preparing a resume or job application, interviewing skills, how to keep a job, budgeting, or setting up a business.
- Life skills training may include basic life skills that help participants to succeed in the workforce. Activities consist of: balancing life and work; budgeting; household management; interpersonal skills; decision making skills, and time management.
- Detoxification services with medical care and physician supervision. A State licensed health care provider must complete a "Certification of Necessary Treatment" form that describes the nature of treatment or therapy and includes a certification that such treatment or therapy is necessary for the person to be able to work.
- Mental health services, including medical or mental health treatment, therapy, counseling, and other services to address mental or emotional disorders that can interfere with an individual's ability to work or look for work. These services are provided by qualified State licensed medical/mental health professionals who determine the necessity and modality of treatment.

## **Transitional Services (TRNS)**

Adult participants who received TAFI benefits and were closed due to employment or who requested TAFI closure due to employment within the past 12 months are allowed transitional work services for up to 12 months from their TAFI closure date. Transitional services provide skills and other supports to participants so they can obtain or maintain employment. Transitional services do not count toward the TAFI twenty-four (24) month time limit.

Participants for Transitional Services may be referred from the Department or they may contact the Contractor directly. The Contractor must complete a Transitional Services Plan with the participant. (See Appendix P – Transitional Services Plan)

Payment for transitional services will be made to the provider of the services. Supportive service payments for transportation, skills training, mentoring, and/or counseling can be issued when included in the plan and needed by the participant to meet a requirement stated in the plan from TAFI funding. TRNS supportive service dollars are limited to available funding and cannot to exceed the 12-month TRNS eligibility period.

The individual must meet the criteria below to qualify for Transitional Services:

1. The family must have received TAFI for at least a portion of one (1) month within the past 12 months.
2. The individuals must be in need of work-related services to maintain employment.
3. The individual must live in the State of Idaho and must not be a resident of another state.

4. Individuals, convicted under Federal or state law, of any offense classified as a felony involving the possession, use or distribution of a controlled substance, can receive transitional services when they comply with the terms of a withheld judgment, probation or parole. The felony must have occurred after August 22, 1996.
5. Felons who are violating a condition of probation or parole imposed for a federal or state felony cannot receive transitional services. Individuals convicted in a federal or state court of fraudulently misrepresenting residence to get TANF, AABD, Food Stamps, Medicaid, or SSI, from two (2) or more states at the same time, cannot receive transitional services for ten (10) years from the date of conviction.

#### **Transitional Services Time Limit:**

Transitional Services may be provided up to twelve (12) months after TAFI cash assistance ends due to employment. Supportive Services deal with an episode of need that will not extend beyond four (4) months. When a participant is employed and receiving wages, transportation may be paid on an ongoing basis for up to 12 months from the date TAFI cash assistance closed due to employment. Transitional services do not count toward the TAFI twenty-four (24) month time limit.

*System Identification: AF participation of "EL" with a CF3 or CF4 closure code. The individual may have a FS participation of "EL" with UNWP screen coded MW. A FS worksheet is only keyed when FS participation of "EL" with UNWP screen coded as MW.*

# JSAP (Job Search Assistance Program)

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## Overview

The JSAP program is designed to help Food Stamp recipients become self-sufficient. All household members, unless exempt, must participate in JSAP. Determination of the JSAP status occurs at application, certification, re-certification, and when household changes occur.

The JSAP component services are provided through EWS. EWS offer the necessary skills to obtain or maintain employment. EWS activities are limited to job placement assessment, case management, and job readiness services. Supportive services up to \$25 are also available for JSAP and CEJS participants. For additional information, see the section on JSAP Supportive Services.

JSAP consists of four (4) components. Before placement in a JSAP component, participants must negotiate and sign a JSAP agreement and they must register for work with the Department of Labor.

## Job Search Component

Participants must complete the equivalent of at least twenty-four (24) hours of job search in a two (2) month period. Job search activities include job readiness activities. (5-3-03)

## Work Opportunities Component

Participants are assigned to Work Opportunities placements to learn practical expectations and demands of employment, and improve technical skills. Participants are not employed by the placement site. Participants are required to engage in Work Opportunities, up to the number of hours determined by dividing the monthly Food Stamp allotment by the Federal minimum wage. Work Opportunities Component are described in Subsections 230.02 .a. and 230.02b of this rule.

- During the first thirty (30) days of participation in the Work Opportunities Component, participation includes either a placement at a work site or fulfillment of the requirements of the Job Search component.
- At the end of the first thirty (30) days, the participant must be guaranteed a work site placement if not employed.

## Skills Training Component

Participants are assigned to skills training to improve basic skills and employability. For more detailed information see the table in the JSAP Job Readiness section.

## Employment Component

Participants are assigned to the Employment Component to receive services which will assist them in increasing their hours of work and wages and support them in becoming more self-sufficient. They are also assigned to the Employment Component when they are working in exchange for money or goods and services (in-kind income).

## **JSAP Work Requirements**

### **The participation and performance expectations are:**

- Must negotiate and sign a JSAP agreement
- Must register for work with the Department of Labor Participants
- Must actively complete job search
- The number of hours of job search required must not exceed 240 hours in a twelve month period of continuous receipt of Food Stamps
- AWBAWD participants job search hours shall not exceed 30% of the total participation for the month when participating in WKOP and/or skills training

### **Participants must:**

- Start active job search as specified in the JSAP agreement
- Complete the equivalent of 24 hours or more of job search in a two month period
- Negotiate continued job search hours after the initial period
- Return completed Timesheet by the negotiated date listed in the Agreement

### **Contractor should:**

Include in the JSAP agreement the specifics of the job search requirement as negotiated such as:

- How many hours of job search will be required for what time frame
- When job search reports are due

### **Inform the participant that:**

- Hours spent in job search should be declared on the time sheet form
- Job contacts listed on the form will be reviewed and may be verified

## Exceptions to Requirement for JSAP Participation

PERSONS EXEMPT FROM JSAP	
Exempt Person	Description
Parents Or Caretakers of A Child Under Six (6) Years of Age	A parent or caretaker responsible for the care of a dependent child under age six (6) is exempt from JSAP. If the child becomes six (6) during the certification period, the parent or caretaker must register at the next scheduled recertification, unless exempt for another reason.
Parents and Caretakers of An Incapacitated Person	A parent or caretaker responsible for the care of a person incapacitated due to illness or disability is exempt from JSAP.
Persons Who Are Incapacitated	<p>A person who is physically or mentally unfit for employment is exempt from JSAP.</p> <ul style="list-style-type: none"> <li>▪ If a disability is claimed which is not evident, proof to support the disability can be required.</li> <li>▪ Acceptable proof includes, but is not limited to, receipt of permanent or temporary disability benefits, or a statement from a physician or licensed or certified psychologist.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>A veteran receiving disability pay might be exempt from JSAP, even if not 100% disability. Narrate carefully why the veteran qualifies for the exemption.</p> </div>
Students Enrolled Half Time	<p>A student who is eighteen (18) years or older is exempt from JSAP if:</p> <ul style="list-style-type: none"> <li>▪ He is enrolled at least half-time in any institution of higher learning and if he meets the definition of an eligible student in Section 282 of these rules; or</li> <li>▪ He is enrolled at least half-time in any other recognized school or training program.</li> <li>▪ He remains enrolled during normal periods of class attendance, vacation, and recess. If he graduates, enrolls less than half-time, is suspended or expelled, drops out, or does not intend to register for the next normal school term (excluding summer), he must register for work at the next scheduled re-certification.</li> </ul>
SSI Applicants	A person who is applying for SSI is exempt from JSAP until SSI eligibility is



	<p>determined.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>A person appealing an SSI decision may have JSAP registration waived until the appeal process has been completed.</p> <p>During certification if a household member is JSAP exempt due to a pending SSI/SSD application or is receiving SSI/SSD and is denied or closed, the department will not act on the change in JSAP status until the next certification unless the change in status is reported by the household.</p> </div>
Persons Who Are Employed	<p>A person who is employed is exempt from JSAP if:</p> <p>a. He is working at least thirty (30) hours per week; or</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Do not convert hours to determine the monthly amount - 120 hours per month.</p> </div> <p>b. He is receiving earnings equal to the Federal minimum wage multiplied by thirty (30) hours; or</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>Do not convert wages to determine the monthly amount - \$618 per month.</p> </div> <p>c. He is a migrant or seasonal farm worker under contract or agreement to begin employment within thirty (30) days.</p>
Persons Who Are Self-Employed	<p>A person who is self-employed is exempt from JSAP if he is working a minimum of thirty (30) hours per week or is receiving earnings equal to or greater than the Federal minimum wage multiplied by thirty (30) hours.</p>
Addicts or Alcoholics	<p>Regular participants in a drug or alcoholic treatment and rehabilitation program are exempt from JSAP.</p>
Unemployment Insurance (UI ) Applicant / Recipient	<p>A person receiving UI is exempt from JSAP. A person applying for, but not receiving UI, is exempt from JSAP if he is required to register for work with the Department of Labor (DOL) as part of the UI application process.</p>
Children Under Sixteen (16) Years of Age	<p>A child under age sixteen (16) is exempt from JSAP. A child who turns sixteen (16) within a certification period must register for JSAP at re-certification, unless exempt for another reason.</p>
Persons Age Sixteen (16) or	<p>A household member age sixteen (16) or seventeen (17) is exempt from JSAP</p>

Seventeen (17)	<p>if he is:</p> <ul style="list-style-type: none"> <li>▪ Attending school at least half-time.</li> </ul> <p><b>OR IS</b></p> <ul style="list-style-type: none"> <li>▪ Enrolled in an employment and training program, including GED, at least half-time.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>When a 16 or 17 year old is home schooled, he/she is JSAP exempt. No verification of the home school curriculum is needed. The home schooled student is considered to be attending school at least half-time. Providing the home school teaching, however, is not a JSAP exemption.</p> </div>
Participants Age Sixty (60) or Older	<p>A participant age sixty (60) or older is exempt from JSAP.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>A participant becomes exempt the day they turn 60 years old.</p> </div>

A person who is applying for SSD is exempt from JSAP until SSD eligibility is determined. A person appealing an SSD decision may have JSAP registration waived until the appeal process has been completed.

For persons receiving Food Stamps and TAFI Cash Assistance, apply the above JSAP exemptions to determine if the person is mandatory. If the TAFI person is not exempt for one or more of the reasons listed above, he is mandatory for JSAP

When a refugee is receiving matching funds or a grant from the refugee center, they are exempt from JSAP work requirements. Matching grants include: Preferred Community, TRA, RCA and Resettlement. These refugees are exempt as students enrolled half time in a recognized training program.

A parent or other household member can only be exempt as a caretaker if he or she actually cares for a dependent child.

If more than one family makes up a Food Stamp household, one adult for each family with a child under 6 is exempt from registration as a caretaker.

Students who meet the FCS definition of student are exempt from JSAP.

## JSAP Deferrals:

Deferred participants are mandatory JSAP participants who cannot participate in the JSAP activities for temporary periods of time.

Deferred participants will be coded MW on UNWP. **The deferral code is keyed on the EWPR screen through the EWS system by the Contractor.**

Deferral reasons include:

- **GA:** A TAFI participant that is also MW for Food Stamps
- **GE:** Good cause that will last 60 days or longer.
- **LR:** Lack of Work Opportunity placement sites.
- **GT:** Transportation problems.
- **GW:** Pending employment.
- **GX:** Expenses related to the activity exceed reimbursable amounts.
- Child care

GA, GC, and GL are **not acceptable** deferral reasons for **ABAWDS**.

## Service Category Requirements

### Timeliness

#### Referrals

JSAP applicants are referred to the EWS Contractors through EPICS once their Food Stamps have been approved.

The Contractor will develop a process for setting appointments for new referrals to meet the required contract timelines.

The Contractor shall have the responsibility for booking an appointment with the JSAP participant within five (5) business days from the date of referral.

The EWS system will detect referrals that are over the five (5) business day assessment timeframe. The Contractor must narrate the reason why appointment was over five (5) business days with a narrative type of "EC".

JSAP referrals are made to the Contractor according to the JSAP processing procedures established by each region.

Electronic Referrals will immediately display on the pending referred participant list (EWPR) by local field office. Referrals will remain listed on the screen until enrollment or de-enrollment is keyed on the participant referral/maintenance (EWPR) screen.

Communication between Department staff and the Contractor will occur through email, EPICS on-line narratives, or manual and systems alerts displayed on the alert screen in EPICS, if applicable.

The Contractor shall make a minimum of two (2) attempts to contact the participant within reasonable time frames to schedule the initial appointment and the case file shall include documented date and time of attempts. Participants who fail to show without good cause for the scheduled appointment with the Contractor will be closed by the Contractor in the EWS system. The EWS closure will trigger an alert on the EPICS case for the Department to close the Food Stamp case. The Contractor will narrate their actions.

The Contractor will navigate to the participant profile screen (EWPP) to obtain mailing address and telephone number for each referral or they can access the ADDR screen in the EPICS case.

## **Assessment**

Assessment must be completed for all referrals. Contractors are responsible for providing an appropriate assessment based on the contract requirements.

The Contractor shall develop effective employment related services for the purpose of assisting referrals to the Enhanced Work Services Program for gaining, sustaining and upgrading employment to achieve self reliance.

Develop an effective JSAP Agreement (See Appendix K – Job Search Assistance Program Agreement for an example.) for each participant that will include goals to employment and support for both personal and family responsibility. Manage the JSAP Agreement utilizing a methodology which will enable the participant to meet the requirements. The Contractor must narrate the information in the EPICS Narrative Screen. If a participant is referred to another contractor (JET) the Contractor will provide a copy of the JSAP Agreement to them. It is a requirement of the Department that the JSAP Agreement is individualized to meet the program requirements and each participant's individual needs.

The JSAP Agreement should address the strengths and barriers identified in the participant's assessment. Develop appropriate activities that support the participant's prior training, experience and skills. These activities shall satisfy program/participation requirements for each EWS participant. These requirements shall be written into each individual JSAP Agreement and updated as appropriate.

Contractor must ensure that all EWS participants are registered for work with the Department of Labor and maintain active registration. Documentation of this registration must be in the participants file.

The Contractor will attempt to contact participants who fail to show for the initial appointment to evaluate good cause prior to de-enrollment. If good cause does not exist the participant will be de-enrolled by the Contractor in the EWS system using an EWC03 closure code. The de-enrollment will trigger an alert to set on the TAFI case for the Department to reject the TAFI application. The Contractor will narrate the no show and email the Department.

A participant may choose to terminate his/her Food Stamps. The Contractor will obtain a written request from the participant for closure of the Food Stamp case, forward the request to the Department and place a copy in the participant file. The Contractor will set an alert on EPICS and email the Department to notify the Department of the withdrawal.

Narrate completion of JSAP Agreement in EPICS.

The Contractor must determine if the participant meets the definition of an ABAWD.

**ABAWD:**

- Age: between 18 and 49
- Food Stamp eligible
- No minor child(ren) in the Food Stamp household
- Mandatory Work

Participating in less than 80 hours per month of employment, training, and/or education. Employment can be in exchange for goods or services (in-kind income)

Eligibility for Food Stamps is limited to three full months UNLESS the participant meets one of the ABAWD exemptions below:

Participant is participating in a Work Opportunity site – the individual can participate no more hours than the individual's Food Stamp allotment divided by minimum wage FLSA

– OR –

Participant is participating in a minimum of 80 hours per months by working, training, or receiving education. The 80 hours per month can consist of a combination of work, training, and education.

The limited months start over every three years. The current timeframe of restriction is from December 1, 2005 through November 30, 2008.

**Non-ABAWD:**

- Age: between 18 to 49
- Food Stamp eligible
- Mandatory work
- A minor child (for which the individual has no parental/financial responsibility) resides in the Food Stamp household.

ABAWD's are required to verify employment and skills training hours on a monthly basis to verify the requirement to participate a minimum of 80 hours per month in one or a combination of the above activities or participation in a WKOP per the negotiated JSAP Agreement the set amount of hours. Verification of the above requirements allows the individual to receive Food Stamps beyond the three month period of time. When an individual is participating 80 hours in employment and/or skills training or a WKOP each month they are considered a qualifying ABAWD and the month does not count against the three month limitation.

ABAWD Good Cause: The work requirement is met if an ABAWD would have worked at least 80 hours per month, but missed work for good cause. The absence from work must be temporary. The ABAWD must keep the job. Circumstances beyond control of the ABAWD are the basis of good cause. These include illness, illness of a household member requiring the presence of the ABAWD, household emergency, and lack of transportation.

**Persons Not Considered ABAWD**

Persons meeting a condition in Subsections 257.01 through 257.05 of this rule are not considered ABAWD.

1. **Age.** Persons under eighteen (18) and fifty (50) years of age or older.
2. **Disability.** Persons medically certified as physically or mentally unfit for employment. Proof of the disability is required. A person is medically certified as physically or mentally unfit for employment if:
  - Receiving temporary or permanent disability benefits issued by a government or private source.
  - Obviously mentally or physically unfit for employment, as determined by the Department.
  - The person has a statement from a physician, physician's assistant, nurse, nurse practitioner, designated representative of the physician's office, licensed or certified psychologist, a social worker, or any other medical personnel the Department determines appropriate, verifying physical or mental unfitness for employment.
3. **Residing In A Household Where A Member Is Under Age Eighteen.** All persons residing in a household where a household member is under eighteen (18) years old.

In order to have this exemption the adult must live with AND receive Food Stamp benefits with a minor child. If the ABAWD is claiming separate household status from a household which includes a minor child, then the ABAWD is still subject to the three month time limit, unless otherwise exempt.

A participant becomes an ABAWD the month following the month of his 18th birthday.

4. **Pregnancy.** Pregnant persons.

ABAWD WORK REQUIREMENT	
Condition	Description
Work At Least Eighty Hours Per Month	<p>The person must work at least eighty (80) hours per month. The definition of work under Section 251 of this rule is any combination of:</p> <ul style="list-style-type: none"> <li>▪ Work in exchange for money.</li> <li>▪ Work in exchange for goods or services, known as "in-kind" work.</li> <li>▪ Unpaid work, with a public or private non-profit agency.</li> </ul>
Participate in JSAP or Another Work Program	<p>The person must participate in and comply with the requirements of the JSAP program (other than job search or job readiness activities), the WIA program, a program under section 236 of the Trade Act of 1974, or another work program recognized by the Department.</p> <p>The person must participate for at least eighty (80) hours per month.</p>

Combination of Work and Work Programs	The person must work and participate in a work program. Participation in work and work programs must total at least eighty (80) hours per month.
Participate in Work Opportunities	The person must participate in and comply with the requirements of a Work Opportunities program.
Residents in High Unemployment Areas	ABAWDs residing in a county identified as having high unemployment or lack of jobs are not subject to the three (3) month limitation of benefits. ABAWDs residing in these counties are subject to JSAP work requirements but will not lose Food Stamp eligibility after three (3) months if they participate fewer than eighty (80) hours per month. An ABAWD residing in a high unemployment area must participate according to their plan. (See Note below)

An ABAWD becomes exempt on his 50th birthday. An ABAWD deferred from JSAP participation because no Work Opportunities site is available is exempt from the work requirement. Deferral months do not count toward their three (3) month time limit. The Trade Act of 1974 provides Trade Adjustment Assistance (TAA) for workers losing TAFI, hours of work or wages because of increased imports.

ABAWDS living in waived areas are **exempt** from the ABAWD work requirement. Unemployment and lack of sufficient jobs caused FNS to waive the work requirement for persons living in these areas. See Appendix I for the currently waived counties.

An ABAWD who receives UIB or is otherwise JSAP exempt, is considered a qualified ABAWD and is not limited to receiving only three months of Food Stamps. The ABAWD must receive UIB or meet the JSAP exemption criteria under M.S.03.04227.

## Case Management

Provide Case Management Services as appropriate.

The Contractor will schedule weekly contact/meetings with the participant to verify activities and accomplishments. These must be documented in the participant's case file weekly and narrated. *In person* contact between the case manager or other service provider must be no less frequently than bi-weekly. A supervisor or case manager must always be available for advice between regularly scheduled meetings.

The JSAP Agreement must be updated on a regular basis as current activities are completed and new activities are added.

When changes in eligibility status for Food Stamps occurs that affect the participants category of referral the Department will communicate the change via e-mail and EPICS narrative. The Contractor will determine if the individual can continue participation under another category of referral. The Contractor will close the current enrollment which will set a system alert on the ALEN screen in EPICS case notifying the Department of the closure. The Contractor will also set a manual alert on the ALEN screen informing the Department of the new category of referral for the following month. The Contractor will have the responsibility for completing EPICS entry and keying the new category of referral the first of the following month and enrolling the individual in the EWS system.

The Contractor will identify good cause for an applicant's failure to show for an appointment prior to keying a EWS closure code. If good cause does not exist, the Contractor will have the responsibility to de-enroll the individual from EWS on the EWPR screen. The Contractor will enter an end date for services along with the appropriate closure code. This will set a system alert on the EPICS ALEN screen notifying the Department of the EWS closure.

If the JSAP case is open and benefits have been released the participant will be sanctioned using the Strike Three (3) Rule.

## Timesheets

An agency approved Time Sheet must be given to the participant to record their hours of activity. Contractors must use the Department approved EWS participant Weekly Activity Sheet to summarize all time sheets for each month. (See Appendix C – EWS Participant Weekly Activity Sheet.)

- The Time Sheet must contain a detailed description of each activity, including information on potential employers visited in person, by internet or by phone, and a daily record of the actual time spent engaging in such activities.
- The Time Sheet must contain the date and time of contact, type of contact, the position of interest, and the name of the employer and the contact information. (See Appendix J – Report of Job Search Activity for an example.)
- Internet job search is verified through printouts of employer home pages and evidence of applications/resumes submitted. If the participant does not have access to a printer, the URL's of the sites searched must be documented on the timesheet. Additional documentation should include the name of the company, contact information and the position researched and/or applied for.
- The case manager must ensure the accuracy of the reported information by conducting random reviews and follow-up with employers.
- The Time Sheet must be signed by the participant and the case manager, appropriate activity supervisor, or medical service provider. If multiple activities are included on the time sheet, multiple signatures may be required.
- The Contractor will document all activity and enter updated information into the EWS automated system for each participant. Such information must reflect participant's current activities and status. Information affecting critical timelines, such as sanctions, closures, employment and etc. must be communicated and narrated immediately.
- The Contractor will verify the FSWS hours balance with the participant's timesheet and key in correct component into the EWS System.

Participants who fail to turn in a Time Sheet as specified in the agreement will be sanctioned. (Reference section below on Sanctions/Non-Compliance)



If a participant turns the Time Sheet in after the date specified, but before the effective date of the sanction, good cause for failure to comply must be determined. Good Cause determination must be made using the "Reasonable Person" Concept. If good cause does not exist and the sanction was requested solely on the basis of the missed time sheet, the Contractor can accept the late Time Sheet reflecting completion of negotiated activities. If the late Time Sheet is accepted, do not impose a sanction. The participant is considered to have complied before the effective date of the sanction.

### **Work Opportunity Sites**

- ABAWD participants may be required to take part in unpaid Work Opportunity.
- Unpaid Work Opportunities are short term (normally 13 weeks) pre-employment work experiences.
- Relevant experiences will build on participant's strengths, talents, and assets so that participants are competitive in the job market.
- The goal of all work opportunities is paid employment.
- ABAWD participants are targeted to participate in this activity due to funding constraints. All non-qualified ABAWDS, unless exempt, should be placed in work opportunities.

### **Work Opportunity criteria:**

ABAWDS and TAFI participants are the only participants targeted for this activity due to funding restraints.

All non-qualifying ABAWDS (unless otherwise exempt) should be placed in work opportunity activities.

- If an ABAWD participates and complies with the work opportunity placement; their ABAWD work requirement is met. There is NO minimum hour requirement for work opportunities to meet the work requirement, as long as the ABAWD is in compliance.

If a participant has any hours in WKOP, an ABAWD month is not counted. However, participation in WKOP does not negate the participant's responsibility to meet the Federal ABAWD participation requirement of 80 hours per month.

### **How to Compute Hours of Participation:**

The maximum hours of participation for Work Opportunity sites are determined by the benefit amount divided by federal minimum wage.

For Food Stamp only cases, the maximum hours of participation at a public or private non-profit site are calculated by dividing the Food Stamp allotment by the federal minimum wage (currently \$5.15).

- If more than one JSAP participant in the household is assigned to Work Opportunity activities, the maximum number of hours must be split between all ABAWDS in the same household.

### Referring Participants to a Work Site:

During the assessment and completion of the JSAP agreement the Contractor should discuss the benefits of participating in WKOP.

The number of hours that are determined using FS allotment can **only** be worked at a public or private nonprofit site.

The Work Opportunity Participation Hours—HW 0656 form is sent to the Work Opportunities Contractor.

The participant will be referred to the Contractor after eligibility has been determined. The Contractor will review pay history to determine the maximum hours of WKOP participation before referring the participant to a WKOP.

Benefit level updates may occur each month. The Contractor will review each WKOP participant's payment level on the 1<sup>st</sup> of each month and update the maximum number of hours of participation with the WKOP Contractor.

The participant signs a Work Opportunities Placement Agreement with the Contractor. The Contractor explains:

- Responsibilities
- Rights
- Requirements
- Results of failure to comply

The Contractor will assure:

- Participant does not exceed 13 weeks at one work site.
- Participant receives a Work Opportunity Participant Time Sheet and returns the time sheet by the 5<sup>th</sup> of the month.
- WKOP participation is narrated through the EWS system.
- Inform the participant it is part of his/her responsibility to keep track of the hours and the importance of working no more than the assigned number of hours.

### When a participant is still subject to work opportunity:

The concept behind Work Opportunities is that the participant is working in exchange for their food stamp benefits.

Because a Food Stamp participant has worked for and earned some or all of the food stamp benefits, special procedures apply when a food stamp over issuance is discovered.

If the participant is still subject to work opportunity, the Department can subtract the hours off their next month's hours and collect the food stamp over issuance.

Except in the case of an IPV, the Department cannot take back or collect an Over issuance for the amount of benefits the participant has worked for if the participant is no longer subject to work opportunity.

- Review issuance history the 1<sup>st</sup> of each month for changes in benefit allotment which may affect the number of hours the participant may participate in a WKOP.
- Inform the Work Opportunities Contractor of changes in the number of hours of participation allowed per benefit allotment.
- Update the JSAP Agreement to reflect any changes.

### **SUPPORTIVE SERVICES:**

JSAP Supportive Service funds are only available for JSAP and CEJS participants. CETA & NCPP participants cannot receive supportive service funds.

Supportive services for JSAP participants that involve a cost to JSAP participants may be paid by the Contractor using Supportive Service funding. The maximum monthly supportive service payment is twenty-five dollars (\$25). JSAP supportive services must not be used for any service available through other resources. JSAP funds must not be used for any Supportive Services listed in the table below.

<b>JSAP FUNDS NOT TO BE USED FOR:</b>	
Child Care	Child care of any type.
Medical Services	Medical services, including medical exams.
Vehicles	Motorized vehicle purchase, down payments, and payment arrearages.
Housing and Utility Costs	Security deposits, payments on arrearages, current monthly payments, and future monthly payments.
Services for Children	Services and/or payment for a child, which include but are not limited to counseling, clothing, and school supplies.
Credit Card Accounts	Payments on charge cards.
Household Items	Furniture and major home appliances.
Fines	Any type.
Professional Union or Trade Dues	Any type.

## **Vendor Registration:**

If the Contractor cannot locate the vendor in the current vendor payment system, the Contractor will obtain the appropriate vendor forms and verify if the vendor will accept our Authorization of Payment forms. The Contractor will register the vendor in the system.

If the Contractor finds the particular vendor in the vendor payment system, a voucher for Authorization of Payment for Goods and Services: HW 0661 form should be completed. The following information should be entered on the form:

- Vendor number
- Service Code (See Appendix D – Supportive Service Codes.)
- Activity Code (See Appendix E – Activity Codes.)
- Field Office to which the case is located/assigned
- Program: TAFI or JSAP services
- Employment marked
- Vendor Name
- Participant name
- Case number
- Client ID number
- Brief description of the services/goods requested
- Amount (this amount cannot exceed Department limits per participant per period of time).
- Expiration date
- Contractor signature
- Billing Address
- Authorized date

Verify the Supportive Service Vouchers are completed correctly and within the spending limits for participant category.

Vouchers are the equivalent of a check, a legal instrument and very few changes should be made. If there are any changes necessary to a written voucher, they must be initialed and dated and made prior to the voucher being processed. If numerous changes are necessary, the voucher should be voided and a new voucher issued.

Work activity codes must coincide with Category Activities. For example if there are no SRCH hours in a month on a FSWS the work activity code on the voucher cannot be SRCH. If the participant has hours in multiple categories, the activity code on the voucher should represent the activity category most closely related to the need.

## **Authorization of Payment for Goods and Services (HW 0661) Distribution:**

- White original and Canary goes to the participant to give to the vendor.
- Pink goes in the participant's case record.
- Golden is retained by the Contractor.
- White original is returned to the Contractor with the vendor's billing statement as authorization to pay.

## **Verification of Employment**

The Contractor is required to obtain a completed Work Verification Form on all JSAP participants who are/become employed during the period of time the participant is open in EWS.

The completed Work Verification Form must be placed in the participant's file.

The Contractor shall key the EWPE Screen (EWS PARTICIPANT EMPLOYMENT INFORMATION Screen), notify the Department of employment, and narrate.

### **Non-Compliance (Failure to Comply):**

Failure to comply with JSAP requirements includes failure, without good cause, to:

- Meet participation requirements agreed upon in the JSAP Agreement
- Conduct job search
- Participate in Work Opportunities or other skills training for the required number of hours

Participants who refuse to comply with JSAP work requirements will be de-enrolled by the Contractor with the appropriate closure code. The Contractor will set an alert on the EPICS case recommending sanction be imposed on the household by the Department and narrate the action in the system.

When a TAFI participant fails to comply with any TAFI activity, determine if the participant must be sanctioned for JSAP. If the individual continues to be a mandatory JSAP participant when TAFI ends, impose a JSAP sanction. If the individual is no longer a mandatory JSAP participant when TAFI ends, DO NOT impose a JSAP sanction

### **Good Cause**

Good Cause determination using the reasonable person concept must be made by the Contractor within the month prior to sanctioning.

If a participant does not fulfill a work requirement in the JSAP Agreement, do not automatically close EWS without looking at and evaluating the reason/situation why the participant failed to comply. If a participant has good cause not to participate in JSAP, the Contractor will be responsible to key a "Y" in the Good Cause.

Evaluate the reason/situation using the reasonable person concept.

The Contractor should ask him/herself these three questions - -

- Does the excuse meet a business environment equivalent?
- Was the requirement realistic?
- Did the participant do all they could to meet the expectation?

Each time an adult participant does not comply with work activity requirements in their JSAP Agreement, without good cause, it is counted as an occurrence. The family is subject to the penalties, based on the number of occurrences, as listed below:

When a person in a household is sanctioned for non-compliance, the participant does not get Food Stamps, but his income and resources are counted towards the household total.

### **Sanction Periods**

- 1st failure to comply: The date the member corrects the offense or 1 month, whichever is longer for JSAP.

- 2nd failure to comply: The date the member corrects the offense or 3 months, whichever is longer for JSAP.
- 3rd and subsequent failures to comply: The greater the date the member corrects the offense or 6 months for JSAP.

The JSAP sanction begins the first month after the Notice of Decision is mailed by the Department, unless a fair hearing is requested.

Timely notice **must** be given. Notice must be mailed ten days prior to the first day of the following month. One night processing is also needed.

A sanction for JSAP can be ended before the penalty period has elapsed if one of the following occurs:

- Fair Hearing Reversal
- Sanctioned Member becomes exempt.
- Sanctioned Member leaves household

The JSAP sanction ends when:

- Member becomes exempt for JSAP work requirements.
- Member serves the minimum sanction period and complies with JSAP.

A mandatory participant can re-qualify for Food Stamps after a sanction by contacting the SR worker and show that failure to comply has ended.

### Notification of Sanction

The Contractor will take action against all participants that fail to comply with their JSAP Agreement without good cause.

Immediately (within 5 days) notify the Department and set an alert of the participant's failure to comply so a sanction recommendation or withdrawal can be applied appropriately and timely. The alert will give:

- Participant's name
- Client ID #
- Case #
- Reason for the non-compliance

SR staff has to give a ten day timely notice to impose sanction for the following month.

The Contractor will document the reason for the non-compliance in the participant's case file and narrate the reason on the NARR screen through the EWS system. The documentation will include:

- Number of attempted contacts made to the participant
- Participant's comments if contact is made
- Why good cause was not given

Once the alert is sent to the worker the Contractor will close the EWS case at the EWPR screen with the appropriate closure code. (See Appendix G – EWS Closure Codes) The participant is no longer eligible for EWS services.

The participant will need to be referred again by the Department to receive additional services from the Contractor. Participants closed for non-compliance will need to serve the penalty period and clear the sanction before being referred electronically through EWS.

Participant will be instructed by the Department or their designee to contact the Contractor to comply with the non-compliance issue. Once the Contractor determines the participant has complied, they will communicate to the Department via e-mail, alert, and/or narrative.

The Department will place the sanction and narrate the action taken by the Department and which sanction was placed on the participant. IE - 1st, 2nd or 3rd sanction.

### **Sanctions for Failure To Comply With JSAP Work Program Requirements**

When a JSAP participant fails or refuses to comply with work program requirements without good cause, sanctions listed below must be applied. In determining which sanction to impose, sanctions previously imposed for voluntary quit or reduction in work hours must be considered.

<b>SANCTIONS FOR FAILURE TO COMPLY WITH JSAP</b>	
<b>Status</b>	<b>Sanction</b>
Non-complying Household Member	<p>The participant who commits the work program violation is excluded as a household member when determining the Food Stamp allotment. The person cannot receive Food Stamps, but his income and resources are counted in the Food Stamp computation for the household. The person must serve a minimum sanction period plus take corrective action to become eligible for Food Stamps again. If the sanctioned household member becomes exempt from JSAP requirements, his eligibility for Food Stamps may be reestablished.</p> <ol style="list-style-type: none"><li>1. First work program violation. A mandatory one (1) month sanction is imposed, plus corrective action.</li><li>2. Second work program violation. A mandatory three (3) month sanction is imposed, plus corrective action.</li><li>3. Third failure to comply and subsequent failures. The greater of the date the person corrects the sanction, or six (6) months. A mandatory six (6) month sanction is imposed, plus corrective action.</li></ol>
Joins Another Household	<p>If a sanctioned household member leaves the original household and joins another Food Stamp household, treat the sanctioned member as an excluded household member.</p> <ul style="list-style-type: none"><li>▪ The person cannot receive Food Stamps, but his income and resources are counted in the Food Stamp computation for the household.</li><li>▪ The person is excluded for the rest of the sanction period and until corrective actions are taken.</li></ul>

**EXAMPLE:** A JSAP participant, who is an ABAWD, applies March 15, 1999. He is referred to DOL, but refuses to participate, without good cause, in April. Send a 10 day sanction notice effective May 1, 1999. April counts as one of his three ABAWD months of Food Stamps. He is not entitled to 2 more months of Food Stamps unless he corrects the sanction.

The sanction period for household members who fail to comply with JSAP is to be imposed regardless of the current status of the case. If the case has closed at the end of the month due to any reason other than the JSAP sanction, the sanction must still be imposed for the appropriate sanction period. The reason for closure could be any action causing ineligibility or the end of the certification period.

A situation may occur where the case closes at the end of the current month and timely notice requirements prevent the sanction from beginning until two months following the closure month. The household then reapplies during the month following the closure. If otherwise eligible, the household must be certified for that month and the member must be sanctioned for the appropriate sanction period.

## Job Readiness

Provide, identify, and contract as necessary to present a complete array of Job Readiness Services for use in the EWS Program in the State of Idaho to ensure the highest probability for success for all participants.

Collaborate with Idaho's Labor Workforce Investment Program for participant placement in appropriate OJT sites to ensure opportunities for participants to acquire general skills, training, knowledge, and work habits necessary to obtain and sustain employment.

Job readiness activities are only countable for contractual purposes when they are separate and distinct from initial assessment and orientation.

Job readiness activities means: preparation to seek or obtain employment including life skills training, short-term substance abuse treatment, and mental health treatment or rehabilitation activities for those who are otherwise employable. Job readiness activities are keyed as SRCH and may include:

- Work preparation activities such as assessments, classes, workshops, preparing a resume or job application, interviewing skills, how to keep a job, budgeting, or setting up a business.
- Life skills training may include basic life skills that help participants to succeed in the workforce. Activities consist of: balancing life and work; budgeting; household management; interpersonal skills; decision making skills, and time management.
- Detoxification services with medical care and physician supervision. A State licensed health care provider must complete a "Certification of Necessary Treatment" form that describes the nature of treatment or therapy and includes a certification that such treatment or therapy is necessary for the person to be able to work.
- Mental health services, including medical or mental health treatment, therapy, counseling, and other services to address mental or emotional disorders that can interfere with an individual's ability to work or look for work. These services are provided by qualified State licensed medical/mental health professionals who determine the necessity and modality of treatment.



CEJS & JSAP participants may also participate in skills training that will help them become self-reliant. CETA and NCP's do not qualify for these training funds. Skills training **do not** include job readiness activities. Skills training activities include:

SKILLS TRAINING	
Training	Description
High School Education	High School or equivalent educational programs.
Remedial Education	Remedial education programs to achieve a basic literacy level.
English Language	Instructional programs in English as a second language.
Self Employment	Programs designed to improve the self sufficiency of participants through self-employment.

Other activities also include those that help lead a person to employment, such as parenting classes, budgeting classes, etc.

An ABAWD participating in skills training activities at least **80 hours per month** meets the ABAWD work requirement.

The Contractor can authorize payment for skills training or component costs through the fiscal system (for CEJS use the RISK code). Fees for the cost of GED classes can be paid for a participant as a skills training cost. This payment is not considered a supportive service payment. These payments are funded through JSAP as SRCH.

Currently there is no dollar limit policy set for these type of payments. However, the available funding is limited.

# System

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An individual who is open Food Stamps but not mandatory work and has responsibility for a minor child in the home and wants to participate in EWS.

Determine the appropriate category for which the individual is eligible:

- For TRNS category, check for CF3 or CF4 TAFI closure within the past 12 months. If not.....
- Place in CETA category.

If the participant is eligible for CETA services, register a TAFI application using the following steps:

1. Update CLPA with an “AP” participation code. At AFPI, approve the application for EWS with the appropriate closure/rejection code of RT1.
2. An individual who is open Food Stamps, mandatory work and with responsibility for a minor child in the home is referred from DHW in the CEJS category. A pregnant woman also qualifies.

Key the ABAWD indicator field and “waived” field with appropriate coding for type. ABAWD = n; waived = n

An individual who is open for Food Stamps, mandatory work with no parental or financial responsibility for a minor child in the home will be referred as JSAP.

- Determine if the participant is an ABAWD.

Key the ABAWD indicator field and “waived” field with appropriate coding for type. ABAWD = y or n; waived = y or n

## EWS KEYING OF APPROVED REFERRALS

Follow instructions for keying EWS system for each approved individual:

- Access EWS system from the EPICS Host Main Menu
- Key selection “1” and the individual’s client ID number hit “Enter”
- Check EWS status
- If individual is currently participating, e-mail the correct category of referral to the Contractor.
- If the individual is currently closed in EWS, “F5” to make a new referral.
- On the EWPR screen (Participant Referral/Maintenance Screen.), enter the appropriate participation category for type of referral as previously outlined:
  - TRNS
  - CEJS
  - JSAP
  - CETA
  - NCPP

Key the ABAWD indicator field and “waived” field with appropriate coding for type of referral.

Key the begin date as of the date you are keying the referral. Leave the end date open ended.

1. Enter the Contract # for the Contractor, press “Enter”. The referral will automatically populate on the EWRP screen for the Contractor to use to enroll the participant in EWS. The Contractor will need to contact the participant to set an appointment.
2. Tab to the next field. Type “NARR”, press, “Enter”. The EWS system will automatically take the worker to the narrative screen in EPICS and set the narrative type to EW. Narrate the completion of the EWS referral identifying the referral type.

It is the mutual responsibility of DHW staff and the Contractor to ensure referrals are made under the correct participant category.

No billing can occur for individuals who fail to show for their initial appointment.

## Appendix A - TANF Work Activities Chart

ACTIVITY	CATEGORY	DEFINITION	CODE
Unsubsidized Employment	<b>EMPL</b>	Full- or part-time employment in the public or private sector that is not subsidized by TANF or any other public program.	<b>CORE</b>
Subsidized Private Sector Employment	<b>PRIV</b>	Employment in the private sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a recipient.	<b>CORE</b>
Subsidized Public Sector Employment	<b>PUBL</b>	Employment in the public sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a recipient.	<b>CORE</b>
On-the-Job Training	<b>OJTR</b>	Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work and that provides knowledge and skills essential to the full and adequate performance of the job.	<b>CORE</b>
Job Search and Job Readiness Assistance	<b>SRCH</b>	<p>The act of seeking or obtaining employment, preparation to seek or obtain employment, including life skills training, (JET short-term training counts under this core activity) and short-term substance abuse treatment, mental health treatment, or rehabilitation activities for those who are otherwise employable. Such treatment or therapy must be determined to be necessary and certified by a qualified medical, mental health or substance abuse professional and documented in the patience treatment plan. Job search and job readiness assistance activities must be supervised by the TANF agency or other responsible party on an ongoing basis no less frequently than daily.</p> <p>Only actual hours can be reported. Job applications and job interviews cannot be used as a proxy for a standard count of hours. For example, each application cannot be counted as an hour; each interview as two hours. Participant must document actual time spent on their timesheet.</p> <p>This activity is limited by statute to six weeks per <b>Federal Fiscal year</b> (October 1<sup>st</sup> through September 30<sup>th</sup>) (no more than four weeks may be consecutive to count toward the work participation rates). Whenever a</p>	<b>CORE</b>

		<p>maximum of four (4) consecutive job search/job readiness weeks are used in this activity category, there must be a minimum of one week (7 consecutive days) break. NOTE: If a participant has used their entire six weeks during the current Fiscal year any additional hours cannot be counted towards their CORE activities.</p> <p>The Federal Regulation allows a state meeting the definition of a "NEEDY" State 12 weeks of job search/job readiness activities. (Idaho chooses NOT to use the 12 week Needy State regulation as our standard) Idaho's standard is the 6 weeks per Federal Fiscal year.</p> <p><i>The Department may choose to allow on "Special Circumstance Cases" with pre-approval by the CERM Team, the twelve (12) weeks of job search/job readiness assistance per the Federal Fiscal year (if the 12 weeks is allowed there must still be a one week (7 days) break after any four consecutive weeks. (i.e. week four and week eight if done consecutively)</i></p> <p>The following activities are specifically prohibited as allowable job search/job readiness countable activities:</p> <ul style="list-style-type: none"> <li>▪ Travel time *</li> <li>▪ Remedial education</li> <li>▪ English as a second language</li> <li>▪ Unsupervised study time or homework *</li> <li>▪ Activities essential to the health, safety and welfare of families *</li> <li>▪ Parenting skills *</li> <li>▪ Participating in Head Start *</li> <li>▪ Recovery from a medical problem *</li> <li>▪ Bed rest *</li> <li>▪ Hospitalization *</li> <li>▪ Activities that promote a healthier lifestyle (such as smoking cessation) *</li> <li>▪ Searching for/arranging childcare *</li> <li>▪ Applying for government benefits *</li> </ul>	
Work Experience	<b>WKOP</b>	A work activity performed in return for welfare that provides an individual with an opportunity to acquire the general skills, training, knowledge, and work habits	<b>CORE</b>

		<p>necessary to obtain employment. The purpose of work experience is to improve the employability of those who cannot find unsubsidized employment.</p> <p>This activity must be supervised by an employer, work site sponsor, or other responsible party on an ongoing basis no less frequently than daily.</p>	
Community Service Programs	<b>COMM</b>	<p>Structured programs in which TANF recipients perform work for the direct benefit of the community under the auspices of public or nonprofit organizations. Community service programs must be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and child care. Community service programs are designed to improve the employability of recipients not otherwise able to obtain employment, and must be supervised on an ongoing basis no less frequently than daily. A State agency shall take into account, to the extent possible, the prior training, experience, and skills of a recipient in making appropriate community service assignments.</p>	<b>CORE</b>
Vocational Educational Training Not to Exceed 12 Months	<b>VOTR</b>	<p>Organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations requiring training other than a baccalaureate or advanced degree. Vocational educational training must be supervised on an ongoing basis no less frequently than daily and may include work-focused general education and language instruction. (This activity does not include GED or English as a Second Language) If an employer or potential occupation needed a higher level of math, writing skills, language skills, a participant may use this activity. It is important to remember that VOTR has a life time limit of twelve (12) months. Any work-focused general education and language instruction may be accomplished through EDUC or PREP and not use VOTR months. A participant may need a vocational technical course after a work-focused general education and/or language instruction.</p> <p><b>Only 30% of the total TAFI population statewide can be in this category.</b></p>	<b>CORE</b>

Child care for an individual participating in a community service program	<b>N/A</b>	<p>Providing child care to enable another TANF recipient to participate in a community service program. This activity must be supervised on an ongoing basis no less frequently than daily.</p> <p><b>NOT IN EFFECT IN IDAHO</b></p>	<b>CORE</b>
Job Skills Training Directly Related to Employment	<b>TRNG</b>	<p>Training or education for job skills required by an employer to provide an individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace. Job skills training can include customized training to meet the needs of a specific employer or be general training that prepares an individual for employment. This can include literacy or language instruction when such instruction is explicitly focused on skills needed for employment or combined in a unified whole with job training. Job skills training directly related to employment must be supervised on an ongoing basis no less frequently than daily.</p>	<b>NON-CORE</b>
Education Directly Related to Employment	<b>PREP</b>	<p>Education related to a specific occupation, job, or job offer. (Use for Participants who do NOT have High School equivalence or GED) Education directly related to employment must be supervised on an ongoing basis no less frequently than daily.</p>	<b>NON-CORE</b>
Satisfactory Attendance at Secondary School or in a GED Program	<b>EDUC</b>	<p>Regular attendance, in accordance with the requirements of the secondary school or course of study, at a secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate.</p> <p>This activity must be supervised on an ongoing basis no less frequently than daily.</p>	<b>NON-CORE</b>

## Appendix B - TAFI Work Participation Activity Hours

Month	Year	Working Days	20/Week Minimum Monthly	20/Week Maximum Monthly	30/Week Minimum Monthly	30/Week Maximum Monthly	35/Week Minimum Weekly	55/Week Minimum Monthly	35/55/Week Maximum Monthly
January	2006	21	84	168	126	168	147	231	336
February	2006	19	76	152	114	152	133	209	304
March	2006	23	92	184	138	184	161	253	368
April	2006	20	80	160	120	160	140	220	320
May	2006	22	88	176	132	176	154	242	352
June	2006	22	88	176	132	176	154	242	352
July	2006	20	80	160	120	160	140	220	320
August	2006	23	92	184	138	184	161	253	368
September	2006	20	80	160	120	160	140	220	320
October	2006	21	84	168	126	168	147	231	336
November	2006	20	80	160	120	160	140	220	320
December	2006	20	80	160	120	160	140	220	320
January	2007	21	84	168	126	168	147	231	336
February	2007	19	76	152	114	152	133	209	304
March	2007	22	88	176	132	176	154	242	352
April	2007	21	84	168	126	168	147	231	336
May	2007	22	88	176	132	176	154	242	352
June	2007	21	84	168	126	168	147	231	336
July	2007	21	84	168	126	168	147	231	336
August	2007	23	92	184	138	184	161	253	368
September	2007	19	76	152	114	152	133	209	304
October	2007	22	88	176	132	176	154	242	352
November	2007	20	80	160	120	160	140	220	320
December	2007	20	80	160	120	160	140	220	320
January	2008	22	88	176	132	176	154	242	352
February	2008	20	80	160	120	160	140	220	320
March	2008	21	84	168	126	168	147	231	336
April	2008	22	88	176	132	176	154	242	352
May	2008	21	84	168	126	168	147	231	336
June	2008	21	84	168	126	168	147	231	336
July	2008	22	88	176	132	176	154	242	352
August	2008	21	84	168	126	168	147	231	336
September	2008	21	84	168	126	168	147	231	336
October	2008	21	84	168	126	168	147	231	336
November	2008	18	72	144	108	144	126	198	288
December	2008	21	84	168	126	168	147	231	336



## WORK ACTIVITY REQUIREMENTS

Federal - 20 Hours Per Week	Single parent, or caretaker relative, included in the grant must participate at least 20 hours per week in work activities if they have a child under six.
Federal - 30 Hours Per Week	One-parent household with children or two parent household where one parent is disabled
Federal - 35 Hours Per Week	Two-parent families receiving subsidized child care (ICCP). These hours may be split between the two parents
Federal - 55 Hours Per Week	Two parent families receiving subsidized child care (ICCP). These hours are to be split between the two parents
STATE - Up to 40 Hours/Week	All adults are required to participate. A child between the ages of sixteen (16) and eighteen (18) who is not attending school is required to participate A single custodial parent of a child six (6) is not required to participate if TAFI Rule 163.01, 163.02, or 163.03 applies

# Appendix C - EWS Participant Weekly Activity Sheet

Name: \_\_\_\_\_

Participant ID #: \_\_\_\_\_ Contractor: \_\_\_\_\_

Date: \_\_\_\_\_ Month: \_\_\_\_\_

DAY	DATE	EMPL	PRIV	PUBL	OJT	SRCH	WKOP	COMM	VOTR	PREP	EDUC	TRNG	OTHR	COMMENT
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														
SUBTOTAL HOURS														

DAY	DATE	EMPL	PRIV	PUBL	OJT	SRCH	WKOP	COMM	VOTR	PREP	EDUC	TRNG	OTHR	COMMENT
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														
SUBTOTAL HOURS														

DAY	DATE	EMPL	PRIV	PUBL	OJT	SRCH	WKOP	COMM	VOTR	PREP	EDUC	TRNG	OTHR	COMMENT
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														
SUBTOTAL HOURS														

DAY	DATE	EMPL	PRIV	PUBL	OJT	SRCH	WKOP	COMM	VOTR	PREP	EDUC	TRNG	OTHR	COMMENT
MON														
TUE														
WED														
THU														
FRI														
SAT														
SUN														
SUBTOTAL HOURS														

Contract Employee (Print): \_\_\_\_\_

Signature Contract Employee: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*please attach DEEMED Hours documentation

## Appendix D – Supportive Service Codes

SUPPORTIVE SERVICES BY TYPE OF BENEFIT						
Service	Service Code	Vendor Payment – Paid Through Payment System				
		Received One-Time Cash Payment	TAFI	TAFI Only-Transitional Services	TAFI Only Career Enhancement	JSAP \$25 Limit Per Month
Auto Repair	AR AC		X		X	X
Clothes	CL LO		X		X	X
Licensing/Fees	LF LI		X		X	X
Other Miscellaneous Services	OS OM		X		X	X
Telephone Hookup	TE TP		X		X	X
Tools/Equipment	TE TA		X		X	X
Transportation	TR TN		X		X	X
Vision/Glasses	VS VG		X		X	X
MENTORING, COUNSELING, TRAINING, AND EDUCATIONAL SERVICES BY TYPE OF BENEFIT						
Service	Service Code	Vendor Payment – Paid Through Payment System				
		Received One-Time Cash Payment	TAFI	TAFI Only-Transitional Services	TAFI Only Career Enhancement	JSAP \$25 Limit Per Month
Educational Books	ED EB	X	X	X	X	X
Educational Fees	ED EF	X	X	X	X	X
Tuition	ED ET	X	X	X	X	X
Contracted Education and Training	ED EM	X	X	X	X	X
Other Contracted Services (Mentoring and Counseling)	XX XS	X	X	X	X	X
Miscellaneous Education & Training	XX XE	X	X	X	X	X
Non-Contracted Counseling	ED EC	X	X	X	X	X
Non-Contracted One-on-One Mentoring	ED EO	X	X	X	X	X

## Appendix E – EWS Activity Codes

Program	Code	Activity (Coding Chart for HW 0661)
TAFI	COMM	COMMUNITY SERVICE
TAFI/JSAP	SRCH	WORK FINDING ACTIVITIES
TAFI/JSAP	EMPL	UNSUBSIDIZED EMPLOYMENT
TAFI/JSAP	WKOP	WORK OPPORTUNITIES
TAFI	PRIV	SUBSIDIZED PRIVATE SECTOR EMPLOYMENT
TAFI	PUBL	SUBSIDIZED PUBLIC SECTOR EMPLOYMENT
TAFI	VOTR	VOCATIONAL TRAINING (12 MONTH LIFETIME LIMIT)
TAFI	OJT	ON-THE-JOB-TRAINING
TAFI/JSAP	TRNG	JOB SKILLS TRAINING DIRECTLY RELATED TO EMPLOYMENT
TAFI	EDUC	SATISFACTORY ATTENDANCE @ SECONDARY SCHOOL OR GED
TAFI	PREP	EMPLOYMENT DIRECTLY RELATED TO EMPLOYMENT
TAFI	OTHR	OTHER ACTIVITIES
TRNS	TRSV	TRANSITIONAL SERVICES
CEJS	RISK	EMPLOYMENT FINDING SERVICES

## Appendix F – Payment Guidelines for TAFI Supportive Services

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Services Description	Monetary Limit: Need contractor supervisor to approve higher amounts.
Transportation includes gas, repairs, bus or taxi fares	Not to exceed \$120 per month Gas vouchers can be written for one month only
Vehicle repair	Up to \$500
Clothing	Up to \$150
Tools and equipment	Up to \$300
Licenses/Certifications (excluding fines)	Up to \$300
Eye glasses	Up to \$150
Dentures	See supervisor
Other education, training or employment expenses	Up to \$150

## Appendix G – EWS Closure Codes

Code	Closure Reason
EWC01	EMPLOYED
EWC02	SANCTIONED
EWC03	DID NOT ATTEND ASSESSMENT APPOINTMENT
EWC04	OTHER
EWC05	EWS CLOSED/EPICS CASE TRANSFERRED – NO USER ENTRY
EWC06	AUTO-CLOSE AFTER 180 DAYS – NO USER ENTRY
EWC07	CLOSED 30 DAYS AFTER TRANSFER – NO NEW REFERRAL
EWC08	SCREENED – NOT EWS ELIGIBLE
EWC09	NO LONGER “MW”
EWC10	EPICS CASE CLOSED
EWC11	SERVICE PROVIDED, END OF CE PERIOD
EWC12	NO CONTACT FROM PARTICIPANT IN 30 DAYS
EWC13	PARTICIPANT WITHDREW FROM PROGRAM

## **Appendix H – State of Idaho TANF Work Verification Plan**

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## Appendix I – Waived Counties & Reservations

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Currently Waived Counties	
Adams	Idaho
Benewah	Lemhi
Boundary	Minidoka
Cassia	Payette
Clearwater	Shoshone
Gem	Valley
	Washington
Currently Waived Reservations	
Coeur d'Alene	Fort Hall
	Nez Perce

ABAWDS living in waived areas are **EXEMPT** from the ABAWD work requirement.

Unemployment and lack of sufficient jobs caused FNS to waive the work requirement for persons living in these areas.



## Appendix J – Report of Job Search Activity

Participant Name:	Client ID #:
For Period Beginning:	Number of Job Contacts Required:
For Period Ending:	Return form by: ____/____/____

Company:	Date:
Address:	Phone:
Position Applied For:	Who did you talk to?
How did you apply? ( ) In person ( ) Phone ( ) Mail ( ) Interviewed ( ) Application ( ) Resume	
What did the employer tell you about possibility of hire?	

Company:	Date:
Address:	Phone:
Position Applied For:	Who did you talk to?
How did you apply? ( ) In person ( ) Phone ( ) Mail ( ) Interviewed ( ) Application ( ) Resume	
What did the employer tell you about possibility of hire?	

Company:	Date:
Address:	Phone:
Position Applied For:	Who did you talk to?
How did you apply? ( ) In person ( ) Phone ( ) Mail ( ) Interviewed ( ) Application ( ) Resume	
What did the employer tell you about possibility of hire?	

Company:	Date:
Address:	Phone:
Position Applied For:	Who did you talk to?
How did you apply? ( ) In person ( ) Phone ( ) Mail ( ) Interviewed ( ) Application ( ) Resume	
What did the employer tell you about possibility of hire?	

Company:	Date:
Address:	Phone:
Position Applied For:	Who did you talk to?
How did you apply? ( ) In person ( ) Phone ( ) Mail ( ) Interviewed ( ) Application ( ) Resume	
What did the employer tell you about possibility of hire?	

Company:	Date:
Address:	Phone:
Position Applied For:	Who did you talk to?
How did you apply? ( ) In person ( ) Phone ( ) Mail ( ) Interviewed ( ) Application ( ) Resume	
What did the employer tell you about possibility of hire?	

I certify the above information is correct and I have completed \_\_\_\_\_ hours of job search.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Participant Date

# Appendix K – Job Search Assistance Program Agreement



## JOB SEARCH ASSISTANCE PROGRAM AGREEMENT

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

### WORK REGISTRATION

- ( ) I am registered for work with the Department of Labor now.  
( ) I agree to register for work with the Department of Labor by \_\_\_\_/\_\_\_\_/\_\_\_\_.  
( ) I agree to maintain active work registration with the Department of Labor.

### JOB SEARCH

- ( ) I agree to do the following job search activities:

I agree to give my job search time sheet to the \_\_\_\_\_ Office by the \_\_\_\_\_ of each month.  
(Contractor)

**Example: Your March time sheet is due in by April 5<sup>th</sup>.**

### WORK OPPORTUNITY

- ( ) I agree to participate in work opportunity activities. The number of hours will not exceed my household's Food Stamp allotment divided by the Federal Minimum Wage (\$ \_\_\_\_\_).  
I agree to give my work opportunity activity time sheets to the \_\_\_\_\_ by the \_\_\_\_\_ of each month.  
(Contractor)

**Example: Your March time sheet is due in by April 5<sup>th</sup>.**

### OTHER ACTIVITIES

( )

I agree to complete the activities listed above. I understand if I fail, without "Good Cause" to complete these activities, my household may lose Food Stamp benefits. Benefits may be lost for one (1), three (3), or six (6) months. I agree to notify my worker immediately if I cannot complete the activities listed above. I understand that by signing this agreement, and participating in the Work Services Program, my obligations to fully cooperate with Child Support Services and to meet all support obligations is not waived and does not change.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Participant      Date      Signature of Contractor      Date

## **Appendix L – Authorization of Payment for Goods and Services (Voucher)**

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# APPENDIX L – Authorization of Payment for Goods and Services (Voucher)

State Of Idaho

Department of Health and Welfare

HW 0661

Revised 03/2001

VENDOR # _____
SERVICE CODE: _____
ACTIVITY CODE: _____
FIELD OFFICE: _____

## AUTHORIZATION of PAYMENT for GOODS and SERVICES

Program: ☐ JOBS (TAFT) ☐ JSAP (FOOD STAMPS) ☐ Activity: \_\_\_\_\_

Employed: ☐ Yes ☐ No

Vendor: \_\_\_\_\_

Participant: \_\_\_\_\_

Case Number: \_\_\_\_\_

Client ID Number: \_\_\_\_\_

The Department of Health and Welfare has authorized payment for the following goods or services for the above named participant:

Not to exceed a TOTAL amount of \$ \_\_\_\_\_ Not Valid After: \_\_\_\_\_

Authorized by \_\_\_\_\_ Address: \_\_\_\_\_

Date Authorized: \_\_\_\_\_

**NOT NEGOTIABLE FOR CASH**

After the transaction is completed, you can secure payment by mailing your billing statement ACCOMPANIED BY THE ORIGINAL OF THIS VOUCHER to the address listed above. NOTE: PHOTOCOPIES OR NCR COPIES OF THIS VOUCHER WILL NOT BE HONORED. Also, do NOT include sales tax on your billing because the State of Idaho is tax exempt.

Participant Signature (To be signed when goods or services received)

Date Redeemed

Distribution: Original & Canary - Vendor\_Pink - Participant Goldenrod - File copy

N0. 000000

## Appendix M – Work Opportunity Participation Hours

TO: _____  Attention: _____	FROM: _____  Attention: _____
Participant Name: _____ Participant SSN: _____	Client ID: _____
The hours of participation must not exceed _____ hours per month beginning ____/____/____.	
Comments:     	
Signature: _____	Date: ____/____/____

## Appendix N – Hierarchy of Referrals

Category of Referral	Funding	Identification
TAFI: Mandatory Work	Contracted Services: TANF Supportive Services: TANF	AP or EL for AF Applying or receiving TAFI.
TRNS: TAFI Closed for Employment	Contracted Services: TANF Supportive Services for counseling, mentoring & training: TANF Supportive Services for MW FS: JSAP	CF3 or CF4 TAFI closure within the past 12 months due to employment are eligible for transitional services up to 12 months.
CEJS: Food Stamp Mandatory Work	Contracted Services: TANF Supportive Services \$25.00 limit per month: JSAP CE Services: TANF	Food Stamp participant, who is mandatory work (MW), and a caretaker relative for a minor child in the home. Pregnant women qualify. FS: (EL) MW
CETA: Food Stamp Non-Mandatory Work	Contracted Services: TANF <b>NO TANF/JSAP Supportive Services</b>	Food Stamp participant, who is not mandatory work and a caretaker relative for a minor child under the age of 6 in the home. FS: (EL) (EW)
JSAP: Food Stamp Mandatory Work	Contracted Services: JSAP Supportive Services \$25.00 limit per month: JSAP	Food Stamp participant, mandatory work ABAWD or Non-ABAWD FS: (EL) (MW)
NCPP: Referral Only	Contracted Services: TANF <b>NO TANF/JSAP Supportive Services</b>	Limited to referral only. Referrals will be from Child Support Services or per court order. (NCPP is not in the hierarchy)

Participants must be placed in the highest category in the hierarchy for which they qualify.

## Appendix O – Work Verification Form

Case Load #: \_\_\_\_\_

Instructions: Only your employer or payroll clerk should complete and sign this form.

### Please complete the following information for:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### EMPLOYER INFORMATION

Employer Name: _____		Telephone Number: _____	
Address: _____	City: _____	State: _____	Zip Code: _____

### WAGE INFORMATION

Date Employee Started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( ) Hourly Pay \$ \_\_\_\_ per hour Average number of hours per week \_\_\_\_  
( ) Monthly Salary \$ \_\_\_\_ per month Number of days worked per week \_\_\_\_  
( ) Other \$ \_\_\_\_ per \_\_\_\_

Is overtime anticipated: ( ) YES ( ) NO  
If YES, list average number of hours per week \_\_\_\_, per month \_\_\_\_.

If employee just started working, when will first check be issued? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number of hours worked: \_\_\_\_\_

### Pay Date Information

How often is employee paid? ( ) Weekly ( ) Monthly ( ) Bi-weekly (every two weeks) ( ) Semi-monthly (twice a month) What day of the week? ____ What date? ____/____/____ (i.e. 1 <sup>st</sup> & 15 <sup>th</sup> )	What day or date does the pay period end? Date: ____/____/____ Or Day of the week: ____	How many days between pay period ending date and date paid? _____
---	--	---

### Expected Changes

Do you expect the number of hours to go up or down? ( ) YES ( ) NO  
If yes, what date? \_\_\_\_/\_\_\_\_/\_\_\_\_ New number of hours \_\_\_\_ per \_\_\_\_  
Do you expect rate of pay to go up or down? ( ) YES ( ) NO  
If yes, what date? \_\_\_\_/\_\_\_\_/\_\_\_\_ New rate of pay \$ \_\_\_\_

### Other Income

Employee receives: ( ) TIPS ( ) COMMISSIONS ( ) BONUSES ( ) OVERTIME PAY ( ) HOUSING  
Amount: \$ \_\_\_\_ How often? \_\_\_\_

### Other Benefits Available

( ) Health Insurance ( ) Child Care ( ) Other: \_\_\_\_\_

If employee completed any part of this form, DO NOT SIGN THE FORM. Instead, please have the employee provide you with a blank replacement form to complete. Thank you for your cooperation.

Employer's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Appendix P – Transitional Services Plan

### TRANSITIONAL SERVICES PLAN

CASE NAME:	CASE NUMBER:	PARTICIPANT NAME:
The OBJECTIVE of this plan is:		
The NEEDS to meet the objective are:		
Needs to be met by the Participant:	Services provided by the Department:	
	Services authorized for payment by the Department	
The Services listed above have been identified so far. Service(s) identified from ___/___/___ through ___/___/___ may be authorized for payment. I understand I must contact _____ if I need additional services.		
Participant Signature:		Date:
Other Signature:		Date:
SR Worker Signature:		Date:



## Appendix Q – Verification of Termination of Employment

# \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Employer:

We would appreciate the following information regarding the estimated income for this family. Thank you for your cooperation.

Name of Employer:		Telephone #:
Address:	City:	State:

Name of Employee:	SSN #:
Date of Hire: ____/____/____	Date of Termination: ____/____/____
Reason for Termination: ( ) Layoff ( ) Quit ( ) Fired ( ) Other	
Please Explain:	
Expected Date of Call Back:	

List gross amount of pay and date received for final month of employment and the month after:

GROSS PAY	DATE RECEIVED – For Months Of:
\$	
\$	
\$	
\$	
\$	

Date final check was/will be received: ____/____/____ Gross amount: \$
--

Are there any paychecks/benefits (retirement, vacation, severance, etc.) yet to be received?  
( ) YES ( ) NO If YES, list:

GROSS AMOUNT	DATE TO BE RECEIVED	TYPE
\$		
\$		

To your knowledge, will employee be eligible through your company for unemployment benefits?  
( ) YES ( ) NO

When will insurance coverage end? \_\_\_\_/\_\_\_\_/\_\_\_\_

**This form is to be completed by Employer only. If employee completes any part of this form, DO NOT SIGN THE FORM. Instead, please have employee provide you with a blank replacement form to complete.**

Employer's Signature:	Date: ____/____/____
-----------------------	----------------------

## Appendix R - TAFI Release of Information and Confirmation of Contact with Substance Abuse Treatment Provider

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Extended Work Services Contractor \_\_\_\_\_ / \_\_\_\_\_  
Field office Fax # \_\_\_\_\_ / \_\_\_\_\_ Field office Ph # \_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_ to disclose to  
(Name of participant) (Substance Abuse Treatment Provider)

\_\_\_\_\_ the following information:  
(Department of Health & Welfare/BPA and/or Work First case manager)

\_\_\_\_\_  
(Nature of the information)

The purpose of the disclosure authorized herein is to communicate screening and assessment results to the EWS Case Manager and/or the BPA Care Manager. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records. 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. In addition, that in any event, this consent expires automatically 180 days from the date Assessment results are received by the EWS Case Manager.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_  
(Signature of parent, guardian or authorized representative when required)

SATP will:

- Complete a fiscal and clinical eligibility screening and a Bio-Psycho-Social Assessment.
- Fax the results, based on conclusions drawn from the Diagnostic Summary and ASAM PPC2R, to the referring EWS Case Manager.
- Choose one of the following options: and initiate action:
  - At this time, use of alcohol and/or other drugs does not appear to be a barrier to obtaining and/or maintaining employment (3 days)
  - SAPT will facilitate client referral to the BPA Care Manager as per instruction in the TAFI Intake Packet, with a recommendation client be authorized for Treatment and Recovery Support Services based on conclusions drawn from the Diagnostic Summary and ASAM PPC2R (3 days)

\_\_\_\_\_  
Substance Abuse Treatment Program Staff  
Signature Verifying the Screening/Assessment

\_\_\_\_\_  
Date Signed

Phone #: \_\_\_\_\_

FAX#: \_\_\_\_\_

TAFI funding will pay for Screening/Bio-Psycho-Social Assessment only. Eligible clients, based on priority population placement determined by the Care Manager, will be funded through DHW/BPA funding sources subsequent to assessment.

## Appendix S – EPICS Screens

Code	Description
CACO	CASE CONTROL
ALEN	ALERTS
ADDR	ADDRESSES
HOEX	HOUSING EXPENSE
UTEX	UTILITY EXPENSE
CLMN	CLIENT MENU
CLRE	CLIENT REGISTRATION
CLPA	CLIENT PARTICIPATIONS
UNWP	UNEMPLOYMENT WORK PROGRAM INFORMATION
CLPI	CLIENT PERSONAL INFORMATION
EDCC	EDUCATION STATUS/INCOME CLAIM CODES
RESO	CLIENT RESOURCES
VEHI	VEHICLES
INSU	CLIENT INCOME RECORDS
EXSU	EXPENSE SUMMARY
ALIA	ALIAS
AFPI	AFDC PROGRAM INFORMATION
FSPI	FOOD STAMP PROGRAM INFORMATION
PRRE	PROCESS REQUEST

# Appendix T – Network Substance Abuse Providers

Clinic	Address	City, State	Zip	Approved Services	Population Served	Spanish	Region	Contact	Phone	Fax/Other Phone	Medicaid	State-Funded
Daybreak	628 South Cowley, Adminstration - 11707 East Sprague Avenue, Ste. D-4	Spokane, WA	99202 99206	Residential	YM, YF	Interpreter & Support	1	Toni Bachman	(509) 624-3227 x 18			Y
North Idaho Behavioral Health, a service of Kootenai Medical Center	2003 Lincoln Way	Coeur d'Alene, ID	83814	Inpatient, IOP - OP	AM, AF	Supp/Ther / Interpreter	1	Shannon Robinett	(208)666-3890	Fax666-3858	Y	
North Idaho Behavioral Health, a service of Kootenai Medical Center	2301 Ironwood Place	Coeur d'Alene, ID	83814	Outpatient	YM, YF		1	Darlene Pessein	(208) 666-3888		Y	
Port of Hope Centers	218 North 23rd Street	Coeur d'Alene, ID	83814	Detox, Residential, Hwhx, OP	AM, AF	Interpreter	1	Marlene Scott	(208 664-3300	Fax 667-3154-		Y
Powder Basin Associates	7167 First Street, Room 200	Bonner's Ferry	83864	Outpatient	AM, AF, YM, YF	no	1	Joe Beckett	(208) 762-3979	Fax 765-5184	Y	Y
Powder Basin Associates	7905 Meadowlark Way, Suite C	Coeur d'Alene, ID	83814	Outpatient	AM, AF, YM, YF	no	1	Joe Beckett	(208) 762-3979	Fax 765-5184	Y	Y
Powder Basin Associates	404 West Cameron	Kellogg, ID	83837	Outpatient	AM, AF, YM, YF	no	1	Joe Beckett	(208) 762-3979	Fax 765-5184	Y	Y
Powder Basin Associates	105 Pine Street, Suite 109	Sandpoint	83864	Outpatient	AM, AF, YM, YF	no	1	Joe Beckett	(208) 762-3979	Fax 765-5184	Y	Y

Clinic	Address	City, State	Zip	Approved Services	Population Served	Spanish	Region	Contact	Phone	Fax/Other Phone	Medicaid	State-Funded
Powder Basin Associates	141 North 8th Street	St. Maries, ID	83861	Outpatient	AM, AF, YM, YF	no	1	Joe Beckett	(208) 762-3979	Fax 765-5184	Y	Y
Daybreak	628 South Cowley, Adminstration - 11707 East Sprague Avenue, Ste. D-4	Spokane, WA	99202 99206	Residential	YM, YF	Interpreter & Support	2	Toni Bachman	(509) 624-3227 x 18			Y
Frontier Journeys, Inc.	304 North State Street, POB 326	Grangeville, ID	83530	Pregnant Women & w/ Children, casemgmt	AM,AF,YM,YF	no	2	Jack Smith	(208)983-1840	Fax 983-1841	Y	Y
Frontier Journeys, Inc.	519 Hill Street	Kamiah, ID	83536	Pregnant Women & w/ Children, casemgmt	AM,AF,YM,YF	no	2	Jack Smith	(208)983-1840	Fax 983-1841	Y	Y
Palouse Recovery Center	S.E. 1240 Bishop Blvd., Suite P	Pullman, WA	99163	Drug Court Clients	AM,AF, YM, YF	no	2	Jean Iverson	(509)334-0718	509-334-0361		Drug Court Only
Riverside Recovery	1720 18th Avenue	Lewiston, ID	83501	Outpatient	AM, AF, YM YF	Support staff	2	Philip Waggoner	(208)746-4097	Fax 746-2294		Y
Riverside Recovery	155 B Main St., POB 2287	Orofino, ID	83544	Outpatient	AM, AF,YM, YF	no	2	Phillip Waggoner	(208)476-9393	Fax 746-2294		Y
Weeks & Vietri Counseling & Community Services	818 South Washington	Moscow, ID	83843	Outpatient	AM, AF, YM, YF	no	2	Catherine Weeks & Margaret Vietri	(208)882-8514		y	Y

Clinic	Address	City, State	Zip	Approved Services	Population Served	Spanish	Region	Contact	Phone	Fax/Other Phone	Medicaid	State-Funded
Alcohol Recovery Center	686 NW 9th Street, POB 606	Ontario, OR	97914	Residential	AM, AF, Hispanic emphasis	program	State-Wide	Jack Peterson	(541) 889-2490			Y
Bell Counseling	2005 S. Kimball	Caldwell, ID	83605	Outpatient	AM, AF, YM, YF	no	3	Diana Bell	(208) 459-6557	Fax(208)365-1549		Y
Bell Counseling	621 Washington, POB 1022	Emmett, ID	83617	Outpatient	AM, AF, YM, YF	no	3	Diana Bell	(208) 365-1060	Fax(208)365-1549		Y
Bell Counseling	540 S. 16th St. #B	Payette, ID	83661-3514	Outpatient	AM, AF, YM, YF	Support staff	3	Diana Bell/ Allen West	(208)642-6196	Fax 365-1549		Y
Bell Counseling	717 E. Commercial	Weiser, ID	83672	Outpatient	AM, AF, YM, YF	Support staff	3	Diana Bell/ Allen West	(208) 549-4917	Fax 365-1549		Y
Bell Counseling - Harmony House	4615 South Locust Grove	Meridian, ID	83642	alcohol residential	YM, YF	no	3	Diana Bell	(208)288-1079	Fax 365-1549		Y
Bell Counseling - Linden House	1208 East Linden	Caldwell, ID	83605	Halfway House	AF, w/Children	no	3	Diana Bell	(208) 454-1744	Fax 365-1549		Y
Crossroads Psychological Services	112 S. Kimball, Ste 107	Caldwell, ID	83605	Outpatient	AM, AF, YM,YF	OP Track, Support	3	Dora Mora- Poston	(208) 455-4246	Fax 455-5656		Y
Idaho Migrant Council, Inc., DBA Salud y Provecho	317 Happy Day Blvd., Ste. 200	Caldwell, ID	83605	Outpatient	AM, AF,YM,YF Span/Eng	OP Span track, Support	3	Sylvia Borroso	(208) 454-8632	Fax 459-1661	Y	Y
Mountain States Chemical Dependency and Counseling Services,	1305 2nd St. South, Suite 201	Nampa, ID	83651	Outpatient	AM, AF, YM, YF	no	3	Rusty O'Leary	(208)463-0202	Fax 463-0205		Drug Court only

Clinic	Address	City, State	Zip	Approved Services	Population Served	Spanish	Region	Contact	Phone	Fax/Other Phone	Medicaid	State-Funded
Inc.												
Port of Hope Centers	508 E. Florida	Nampa, ID	83686	Detox, Residential	AM, AF, YM, YF	no	3	Roy Thorpe	(208)463-0118 800-974-0118	Fax 463-1507		Y
Renewal Services, Inc.	708 Main	Caldwell, ID	83605	Outpatient-Dual Diagnosis	AM, AF		3	Hal Durham	(208) 455-8600 cell 440-3558	Fax 455-8622		Drug Court Only
Ada County Juvenile Court Services	6300 Denton	Boise, ID	83704	Outpatient	YM, YF	Supp/Ther	4	Chris Palmer	(208) 364-3000 287-5627	Fax 364-3010 412-9576		Y
Bell Counseling	402 Old State Highway	Cascade, ID 83611		Outpatient	AM, AF, YM, YF		4	Diana Bell	(208) 634-9720	Fax(208)365-1549		Y
Bell Counseling	205 N. Berkley	Council, ID	83612	Outpatient	AM, AF, YM, YF		4	Diana Bell	(208) 634-9720	Fax(208)365-1549		Y
Bell Counseling	323 Dienhard, Suite B	McCall, ID	83638	Outpatient	AM, AF, YM, YF	no	4	Diana Bell	(208)634-9720	Fax 365-1549		Y
Bell Counseling - Harmony House	4615 South Locust Grove	Meridian, ID	83642	Residential	YM, YF	no	4	Diana Bell	(208)288-1079	Fax 365-1549		Y
Bell Counseling - Linden House	1208 East Linden	Caldwell, ID	83605	Halfway House	AF, w/Children	no	4	Diana Bell	(208) 454-1744	Fax 365-1549		Y
Counseling Center of Mountain Home	2390 American Legion Blvd. Suite#4	Mountain Home, ID	83647	Outpatient	AM, AF, YM, YF	n	4	Glenda Breslin	(208) 587-4444	Fax 587-2692		Y
Crossroads Psychological	1010 North Orchard, Ste.132	Boise, ID	83706	Outpatient	AM, AF, YM, YF	Therapist	4	Mary Alice Rich	(208) 368-0372	Fax 395-1250		Y

Clinic	Address	City, State	Zip	Approved Services	Population Served	Spanish	Region	Contact	Phone	Fax/Other Phone	Medicaid	State-Funded
Services												
Intermountain Hospital Addictions Medicine Services	303 North Allumbaugh St.	Boise ID	83704	Residential, Outpatient	AM,AF,YM,YF OP Adult only	Support staff	4	Cindy Miller	377-5548	Fax 377-2983	Y	Y
Road to Recovery - Boise Methamphetamine Clinic	1276 Rivedr St., Suite 200	Boise, ID	83702	Outpatient	AM,AF Meth cts only	Interpreter	4	Joan Sheehan	(208)384-4234	Fax(208)384-4239		Y
St. Alphonsus Addiction Recovery Center	6138 Emerald	Boise, ID	83706	Outpatient Dual Diagnosis	AM, AF, YM, YF	no	4	Shawn Adams	(208) 367-3553	Fax 367-3516	Y	
The Aerie	9600 W. Brookside Lane	Boise, ID	83703	Detox Residential Outpatient	AM. AF	no	4	Milton Mack, Director	(208) 939-4141			
Women & Children's Alliance	720 West Washington	Boise, ID	83702	Residential	AF, w/Children	Support staff	4	Cheryl Paoli	343-3688 Cheryl XT.18			Y
Canyon View Psychiatric & Addiction Services of MVRMC	228 Shoup Avenue West	Twin Falls, ID	83301	Detox, Outpatient	AM, AF, YM, YF AM, AF	Supp/Ther / Interpreter	5	Bill Southwick	(208) 734-6760	(800-657-8000) Fax 734-6764	Y	
Idaho Youth Ranch	1275 North 400 East	Rupert, ID	83350	Residential	YM, YF	Therapist	5	Curtis Stewart	(208)532-4117		Y	
Spirit Walker Counseling Services	1010 W. 17th	Burley, ID	83318	Outpatient	AM, AF, YM, YF	no	5	Brent Cunningham	(208)677-2096	Fax 733-8842		Y



Clinic	Address	City, State	Zip	Approved Services	Population Served	Spanish	Region	Contact	Phone	Fax/Other Phone	Medicaid	State-Funded
Spirit Walker Counseling Services	614 Seventh Street	Rupert, ID	83350	Outpatient	AM, AF, YM, YF	no	5	Brent Cunningham	(208) 733-8842			Y
Spirit Walker Counseling Services	300 2nd Avenue East	Twin Falls, ID	83303	Outpatient	AM, AF, YM, YF	Interpreter	5	Brent Cunningham	(208) 733-8842			Y
Walker Center	101 Honeysuckle, Unit D	Bellevue, ID	83313	Outpatient	AM, AF, YM, YF	Therapist available	5	Kathi Wagner	(208)788-5675			Y
Walker Center	2271 Overland, Ste 1	Burley, ID	83318	Outpatient	AM, AF, YM, YF	Therapist	5	Anna Stowe	(208)678-2550	Fax 678-2560		Y
Walker Center	605 11TH Avenue East	Gooding, ID	83330	Detox, Residential	AM, AF, YM, YF	Support/Interpreter	5	Jana Tracey	(208) 934-8461	Fax 934-5437		Y
Walker Center	149 Main Ave. East, Ste. 20	Twin Falls, ID	83301	Outpatient	AM, AF, YM, YF	Therapist	5	Anna Stowe	(208) 734-4200			Y
Addiction Counseling Associates	500 South 11th, Ste 4H	Pocatello, ID	83201	Outpatient	AM,AF	no	6	Art Phelps	(208)234-2512	Fax(208)234-2512		
Bannock Regional Medical Center	651 Memorial Drive	Pocatello, ID	83201	Outpatient	AM, AF	Yes	6	Linda Sharp	(208) 239-1469		Y	
Bannock Youth Foundation, dba M K Place	POB 246, 735 N. Main	Pocatello, ID	83204	Residential, Outpatient	YM, YF	Ther/Interp	6	Cindy Hansen	(208)234-4722	Fax 234-2135		Y
Road to Recovery	504 Tyhee	American Falls, ID	83211	Outpatient	AM,AF,YM,YF	Asst	6	Sandra Ortiz	(208) 241-6958			Y

Clinic	Address	City, State	Zip	Approved Services	Population Served	Spanish	Region	Contact	Phone	Fax/Other Phone	Medicaid	State-Funded
Road to Recovery	Oneida Co. Court House, 10 Court St.	Malad, ID	83252	Outpatient	AM,AF,YM,YF		6	Tom Hogan	(208) 241-9917			Y
Road to Recovery	600 East Oak Street	Pocatello, ID	83205	Outpatient	AM, AF	Asst	6	Cristy Anderson	(208) 233-2492			Y
Road to Recovery	Caribou County Court House, 159 S. Main	Soda Springs, ID	83276	Outpatient	AM, AF, YM, YF	no	6	Tim Mitchell	241-6970			Y
Road to Recovery	1223 South 3200 West	Weston, ID	83286	Outpatient	AM,AF,YM,YF		6	Tom Hogan	(208) 241-9917			Y
Road to Recovery - First Step Program	583 West Sexton	Blackfoot, ID	83221	Outpatient Women's transitional	AF, w/Children	Support	6	Jeannette Sapp	(208) 785-6688			Y
Road to Recovery, Clinically Managed Medium Intensity Treatment	343 East Bonneville	Pocatello, ID	83204	Residential, Halfway House	AM, AF	Support	6	William Slaven	(208) 233-6341			Y
Alcohol Rehabilitation Association	163 E. Elva	Idaho Falls, ID	83702	Residential, Outpatient	AM, AF	Support staff	7	Jack Gaskill	(208)522-6012	Fax 535-9013		Y
Carroll Counseling & Consulting	1301 Main Street, Ste. 8	Salmon, ID	83467	Outpatient	AM, AF, YM, YF	Support staff	7	Howard Carroll	(208) 756-2970	Fax 756-3018		Y
Counseling Center of Southeast Idaho	445 Capital, Suite No. 6	Idaho Falls, ID	83402	Outpatient	AM, AF, YM, YF	Education	7	Kathy Taylor, LPCP	(208)552-7100	Fax 552-7101	Y	Y
Family Recovery Center Foundation,	589 North Water	Idaho Falls, ID	83401	Outpatient	AM. AF, YM, YF	OP Span track,	7	Jeff Holbrook	(208) 535-0175	Fax 542-1025		Y

Clinic	Address	City, State	Zip	Approved Services	Population Served	Spanish	Region	Contact	Phone	Fax/Other Phone	Medicaid	State-Funded
Inc.						Support						
Full Circle Recovery	159 N. Idaho	Arco, ID	83213	Outpatient	AM,AF,YM,YF		7	Rick Rice	(208)756-4376	Fax 756-4376		Y
Full Circle Recovery	338 Carmen Creek Rd.	Carmen, ID	83462	Outpatient	AM,AF,YM,YF		7	Rick Rice	(208)756-4376	Fax 756-4376		Y
Full Circle Recovery	801 Main	Challis, ID	83226	Outpatient	AM,AF,YM,YF		7	Rick Rice	(208)756-4376	Fax 756-4376		Y
Full Circle Recovery	401 Main Street	Mackay, ID	83251	Outpatient	AM,AF,YM,YF		7	Rick Rice	(208)756-4376	Fax 756-4376		Y
Mental Wellness Center	1545 E. Lincoln	Idaho Falls, ID	83401	Outpatient Dual Diagnosis	AM, AF, YM, YF	no	7	Eric Pettingill	(208) 542-1026	Fax 356-9532	Y	Drug Court Only
Meyers Counseling Services	2420 E. 25th Circle	Idaho Falls, ID	83404	Outpatient	AM,AF Meth cts only	no	7	Richard Meyers	(208)528-6853	Fax 528-6888		Y
Road to Recovery, Inc., Discovery House	2222 Teton Plaza, Ste. 2	Idaho Falls, ID	83404	Outpatient	AF, w/Children	no	7	Amy McCall	542-0694	Fax 542-0696		Y
The Club, Inc.	2001 S. Woodruff, #6	Idaho Falls, ID	83404	Outpatient	AM,AF,YM,YF	no	7	Vonda Hay	524-8616	Fax 529-4673	DD	Y
Treatment Dynamics, PLLC	501 Maple, POB 1217	Blackfoot, ID	83221	Outpatient	AM,AF	OP Span track	7	Dan Hall	208-785-5871	782-9319(msg)		Drug Court Only
Upper Valley Resource &	36 N 2nd St. West	Rexburg, ID	83440	Outpatient	AM, AF, YM, YF	Therapist	7	Teresa Lloyd	(208) 359-0519	Fax 359-2453	Y	Y

Clinic	Address	City, State	Zip	Approved Services	Population Served	Spanish	Region	Contact	Phone	Fax/Other Phone	Medicaid	State-Funded
Counseling												

## Appendix U – Change Report

State of Idaho  
Department of Health & Welfare

### CHANGE REPORT

For Office Use:

CL #: \_\_\_\_\_ Date Report Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Person Taking Report: \_\_\_\_\_

**Report changes in your situation so your benefits are correct. Use this guide on the page 2 of this form to learn the changes you must report.**

Complete the following information to report a change. Sign this form. Mail or bring it to your local Department of Health & Welfare Office.

You can also report changes by telephone. Call the Department of Health & Welfare Office at:  
(     ) \_\_\_\_\_.

Your Name:	Your Case # or Social Security #:
Tell us what changed:	
When did or will the change happen:	
Will this change continue next month? (    ) YES    (    ) NO	If NO, why not?
How can we contact you?	Phone Number: (    ) Other Number: (    )
Signature of person reporting change:	Date: ____/____/____
For Office Use ONLY	We need proof of the change you reported by: ____/____/____
Please provide the following proof of the change:	
1. _____	
2. _____	
3. _____	
4. _____	
Ask your worker for help if you have trouble getting the proof.	
<b>Penalties for misrepresentation: Deliberate misrepresentation by failure to report changes in your situation or failure to report changes accurately may result in:</b>	
▶ Loss or reduction of benefits ▶ Administrative claims to recover overpayments ▶ Legal Actions	

The changes you must report depend on the type of benefits you receive. Use this guide to learn what changes you need to report.	<b>Health Coverage for Children</b>	<b>Health Coverage or Cash for Adults</b>	<b>Child Care</b>	<b>Food Stamps</b>	<b>Temporary Cash Assistance for Families</b>
--	-------------------------------------	---	-------------------	--------------------	---

**For changes in Income, report:**

Changes in the source of your income		X	X	X	X
Changes in your rate of pay		X	X	X	X
Your work hours: report if your hours increase to more than 30 hours or decrease to less than 30 hours per week		X		X	X
Changes in the number of hours you work, if the change is permanent			X		
Changes in income that is not from a job, such as child support, unemployment benefits, worker's compensation, Veteran's benefits, social security, etc.		X	X	X	X

**For changes in Resources, report:**

Changes in vehicles, bank accounts, real estate, etc.		X		X	X
---	--	---	--	---	---

**For changes in Expenses, report:**

If you move, report changes in housing costs				X	
Changes in subsidized housing				X	X
Changes in child care costs (may increase Food Stamp benefits)		X	X	X	X
Changes in Child Care Provider			X		
Changes in court-ordered child support that you must pay		X	X	X	

**For changes in Personal Information, report:**

Changes in name, marital status or social security number		X	X	X	X
Changes in address	X	X	X	X	X
Changes in who lives in your home		X	X	X	X
Starting, stopping, or changes in hours of education or training programs			X		
Changes in health insurance coverage, including Medicare	X	X			
Changes in disability status		X			X
When your pregnancy ends		X			X

**Report all changes within ten (10) days. If you have any questions about what to report, contact your worker.**

## Appendix V – Protocol for TAFI Referrals

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### Definitions:

**SATP** - IDHW Contractor Network Substance Abuse Treatment Provider

**EWS** – Extended Work Services Contractor

**BPA Care Manager** - Business Psychology Associates, MSC

**Release and Confirmation form** - TAFI 'Release of Information and Confirmation of Contact with Substance Abuse Treatment Provider' form

### Process:

A SASSI pre-screening will be administered to a TAFI applicant by the Enhanced Work Services Contractor (EWS) as part of the TAFI assessment upon referral from the Department to EWS. The SASSI must be administered prior to TAFI benefit approval. The screening and referral to the SATP will be conducted within five (5) calendar days of the date of application for TAFI.

If the SASSI score is indicative of a SA problem (High Probability score), the TAFI applicant will be referred to a local/area Substance Abuse Treatment Provider (SATP) utilizing the following procedure: (03.08.109 TAFI Reference Manual) (7-1-2001).

### The EWS Contractor will:

- Request the TAFI client to sign a TAFI Release of Information and Confirmation of Contact with Substance Abuse Treatment Provider (SATP) form.
- Provide the TAFI client with a list of local SATPs along with contact information.
- Require the TAFI client to select a local SATP to contact for assessment
- Fax the signed TAFI Release of Information and Confirmation of Contact with SATP form to the chosen SATP
- Facilitate the TAFI client contacting the SATP
- Instruct the TAFI client to identify him/herself to the SATP as a TAFI Client
- Notify the SATP, within 24 hours, of participant's termination from TAFI
- Provide the TAFI client with a Voucher to the SATP of their choice for the Assessment

### The TAFI applicant will:

- Choose a Local SATP from the list provided by the EWS Contractor
- Contact the chosen SATP and identify him/herself as a TAFI Priority Client
- Participate in screening/bio-psycho-social assessment and follow-up as directed by the SATP
- At completion of Assessment, sign the Voucher as 'Services Received', and give to SATP

### The SATP will:

- Conduct a standard fiscal/clinical screening and a bio-psycho-social assessment including a Diagnostic summary and an ASAM PPC2R Level of Care recommendation within 10 days of accepting the referral.
- Complete and follow through as per instructions under 'SATP will' on the signed TAFI Release and Confirmation of Contact with SATP form.
- Track client as:
  - Referral Source – Self reliance
  - Insurance - As determine by BPA
  - Eligibility - as per sliding scale

***TAFI funding will pay for Screening/Bio-Psycho-Social Assessment only. Eligible clients, based on priority population placement determined by the Care Manager will be funded through DHW/BPA funding sources subsequent to assessment.***

## Appendix W – Definition of Income

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Income refers to total annual cash receipts before taxes from all sources, with the exceptions noted below. Income data for a part of a year may be annualized in order to determine eligibility – for example, by multiplying by four the amount of income received during the most recent three (3) months. The method of calculation is to be determined by the Grantee. Grantees should have a consistent policy covering its sub-grantees on re-certification of applicants whose eligibility may have changed due to the length of time that may have expired awaiting weatherization services.

**Income Includes:** Money, wages and salaries BEFORE any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses).

**Income also Includes:** Regular payments from Social Security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

**Income Excludes:** Capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house, or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury.

**Income also Excludes:** Non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such Federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches, housing assistance and combat zone pay to the military. Note: **CHILD SUPPORT PAYMENTS AND COLLEGE SCHOLARSHIPS ARE EXCLUDED.**



## Appendix X – Are You Applying for Cash Assistance?

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IDAHO DEPARTMENT OF  
HEALTH & WELFARE

### ARE YOU APPLYING FOR CASH ASSISTANCE?

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Effective July 1, 2001, Idaho law requires substance abuse screening for all Temporary Assistance for Families in Idaho (TAFI) applicants. Substance abuse screening promotes and protects the health and safety of Idahoans. Getting parents into treatment helps them break down barriers to employment and self-reliance.



#### **Screening and Testing Requirements**

Substance abuse screening is a condition of receiving TAFI cash assistance. If screening shows the applicant is engaged in, or at high risk of, substance abuse, we must conduct substance abuse screening and testing.



#### **Participant Information**

Before screening, the Department will tell applicants about the purpose of substance abuse screening, testing and treatment.



#### **Confidentiality of Screening and Testing**

Substance abuse screening and testing results are CONFIDENTIAL.



#### **Treatment Requirement**

If screening, assessment or testing shows applicants need substance abuse treatment, they must enter a substance abuse treatment program and cooperate with treatment.



#### **Right to Withdraw Application**

Substance abuse screening and testing is not required, if the person does not apply for, or receive TAFI benefits.



#### **Eligibility of Children**

If the applicant chooses not to comply with substance abuse screening and testing, the children in the case can still be eligible.



#### **Receipt of Notice**

Signing the application for assistance acknowledges receipt of this notice.

## Appendix Y – TAFI Intake Packet

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### Idaho Department of Health and Welfare TAFI Intake Packet

Client Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

#### **Priority Eligibility:**

Check all that apply:

- ☐ Client is Pregnant
- ☐ Client is an IV user
- ☐ Client is a female with dependant minor children living with her or trying to regain custody
- ☐ Client is 12 to 17 years old
- ☐ Client is Hispanic
- ☐ Client is Native American
- ☐ Client is Court Supervised (to include on Probation or Parole, Currently Incarcerated, or involved in an open Child Protection Case)

**If the client meets at least one of the above priorities and the client meets ASAM criteria for at least Outpatient Treatment the provider will complete and submit the following documents to BPA:**

- ☐ TAFI Intake Packet Priority Eligibility Page (pg 1 of this packet)
- ☐ IDHW TEDS Page (pg 2 of this packet)
- ☐ Financial Eligibility (pg 7 of this packet)
- ☐ IDHW Consent to Treat and Release Information (pg 9 of this packet)
- ☐ IDHW Diagnostic Summary (pgs 10 & 11 of this packet)
- ☐ IDHW GPRA Intake Interview (pgs 12 – 16 of this packet)

**Idaho Department of Health and Welfare  
TEDS**

Facility Name: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Date of First Contact (MMDDYYYY): \_\_\_\_\_

Client ID: \_\_\_\_\_ Client Name: \_\_\_\_\_  
*Client Name (Last, First Middle)*

Sex (M/F): \_\_\_\_\_ Date of Birth (MMDDYYYY): \_\_\_\_\_

SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

County of Residence: \_\_\_\_\_ Highest Grade: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Veteran?: Y / N Referral Source: \_\_\_\_\_ Employment Status: \_\_\_\_\_

Living Arrangement: \_\_\_\_\_ # of children in the home: \_\_\_\_\_ Is the Client a Head of

Household?: Y / N Client Target: \_\_\_\_\_ Client Type: \_\_\_\_\_ Admission Type: \_\_\_\_\_

Colateral: N Treatment Setting: F Prior Treatment: DTX Y / N RES Y / N

OUTP Y / N Number of Prior Treatments: \_\_\_\_\_ Source of Income: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Payment Source: OG Now Pregnant?: Y / N Recent Domestic

Violence?: Y / N Current WIC?: Y / N Current CPS?: Y / N Methadone?: N

HIV Test: Y / N IV Use?: Y / N Probation or Parole?: Y / N

Psychiatric Problems / Dual Diagnosis?: Y / N # Arrests in the past 30 days: \_\_\_\_\_

	Prim	Sec	Ter
Substance	_____	_____	_____
Route of Administration	_____	_____	_____
Frequency of Use	_____	_____	_____
Age at First Use	_____	_____	_____

**Provider Signature:** \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

## TEDS Item Key

**Resident County:** This code should correspond to the identified address on the Demographic Eligibility

01 Ada	11 Boundary	21 Franklin	31 Lewis	41 Teton
02 Adams	12 Butte	22 Fremont	32 Lincoln	42 Twin Falls
03 Bannock	13 Camas	23 Gem	33 Madison	43 Valley
04 Bear Lake	14 Canyon	24 Gooding	34 Minidoka	44 Washington
05 Benewah	15 Caribou	25 Idaho	35 Nez Perce	49 Unknown
06 Bingham	16 Cassia	26 Jefferson	36 Oneida	50 Out of State
07 Blaine	17 Clark	27 Jerome	37 Owyhee	
08 Boise	18 Clearwater	28 Kootenai	38 Payette	
09 Bonner	19 Custer	29 Latah	39 Power	
10 Bonneville	20 Elmore	30 Lemhi	40 Shoshone	

### **Race:**

WH White	AI American Indian	AP Asian/Pacific Islander
BL Black	AN Alaska Native	OT Other

**Marital Status:** Describes the client's marital status. These codes are compatible with the US Census

D Divorced	M Now Married	S Never Married (Single)
L Living Together	P Separated	W Widowed

**Veteran Status:** Identifies whether the client has served in the uniformed services (Army, Navy, Air Force, Marines, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, Etc)

### **Ethnicity:**

PR Puerto Rican	CU Cuban	NH Non Hispanic
MX Mexican	OH Other Hispanic	

**Referral Source:** Who it was that referred the client to access substance abuse treatment/services

IND00	Individual/Self: <i>Use if the client or one of the client's family members or friends referred them</i>
ADP00	A/D Abuse Program: <i>Use if one of our SA Facilities referred the client</i>
CPS00	Child Protection/SA Program: <i>To be used if the client is participating in the CP/SA program and will have their assessment paid at 100%</i>
HCP00	Health Care Provider: <i>Use if the client's physician or the hospital referred them</i>
SED00	School/Educational: <i>Use if the client's school or teacher referred them</i>
EAP00	Employer/EAP: <i>Use if the client's employer referred them or their EAP counselor referred them</i>
OCR00	Other Community Referral: <i>Use if the client was referred from 2-1-1, a free clinic in their area, etc.</i>
DUI07	Court/Criminal Justice DUI: <i>Use if the client is referred to us specifically due to a DUI</i>
NDU00	Court/Criminal Justice Non-DUI: <i>Use if the client is being referred to us as a result of Judges orders as a part of sentencing</i>
OCJ01	State/Federal Court: <i>Use if client is being referred by a State or Federal Court</i>
OCJ02	Other Court: <i>Use if the client is being referred by a court that is not a State or Federal Court</i>
OCJ04	Other Recognized Legal Entity: <i>E.G. Local law enforcement agency, corrections agency, youth services,</i>

*review board/agency*

OCJ05 Diversionary Program: (E.G., Tasc)

OCJ06 Prison

OCJ08 Other Criminal Justice

PPO03 Probation/Parole Officer: *Use if the client is referred to us by their PO*

DHC00 DHW/FACS-CPS referral: *Use if the client received our name from their CPS worker but will not be getting their assessment paid at 100%*

DHW00 DHW/FACS- Mental Health: *Use if the client's PSR worker or Case Worker for their mental health disorder refers the client to us*

DHO00 DHW/FACS- other: *Use for any other referral from the Department of Health and Welfare that is not the result of Adult/Children's Mental Health or CPS*

MHA00 Mental Health Agency: *Use this code if the client is referred to us by his psychiatrist, Counselor, etc*

NAA00 Indian Agency: *For clients who are referred to us by Indian Healthy Services or the Reservation*

SHG00 Self Help Group: *Use this code if the client is referred to us by someone in AA or NA like their Sponsor*

DCR00 Drug Court Referral: *For clients referred to us by Drug Court, DUI Court, Mental Health Court, etc.*

SRP00 Adult/Youth Self Reliance –TAFI: *For clients referred as a result of trying to get TAFI funding and scored high on the SASSI*

(Code priority if multiple codes: 1. SRP 2.CPS 3.DCR 4. NAA 5.DHW)

**Employment Status:** The client's current employment situation, if client works seasonally code for the current status of the client

FT00 Full Time: *Use if the client is currently working 35 hours or more each week*

PT00 Part Time: *Use if the client is currently working fewer than 35 hours per week*

UE00 Unemployed: *Use if the client has been looking for work during the past 30 days or on layoff from a job*

NL01 Homemaker: *Use if the client is a homemaker and has not been looking for work in the past 30 days*

NL02 Student: *Use if the client is a student and has not been looking for work in the past 30 days*

NL03 Retired: *Use if the client is retired and has not been looking for work in the past 30 days*

NL04 Disabled: *Use if the client is disabled and has not been looking for work in the past 30 days*

NL05 Inmate of Institution: *Use if the client is in prison or an institution that keeps the person, otherwise able, from entering the labor force*

AF00 in Armed Force: *Use if the client is currently serving in the Armed Forces*

**Living Arrangement:** The client's current living situation/environment

H Homeless: *Clients with no fixed address, includes shelters*

I Independent Living: *Clients living alone or with others without supervision*

D Dependent Living: *Clients living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives or guardians or in foster care*

**Highest Grade:** Specifies the highest school or grade the client has completed 01-25. For General Equivalency Degree use 12.

**Client Target:** Document which category below best describes the client. Utilize the priority codes below for clients who fit several different categories.

01A Adult Pregnant, Injection

01Y Youth Pregnant, Injection

02A Adult Pregnant, Alcohol

02Y Youth Pregnant, Alcohol

03A Adult Injection Drug

03Y Youth Injection Drug

04A Adult Women, Dependent  
Children

04Y Youth Women, Dependent

05A Adult Domestic Violence

05Y Youth Juvenile Justice

06A Adult General

06Y Youth Domestic Violence

## Children

07Y Youth General

(Code Priority if multiple codes: 1. Pregnant, 2. Dependent Children, 3. Dual Diagnosis)

**Client Type:** Document which category below best describes the client. Utilize the priority codes below for clients who fit several different categories.

ADD Adult Dual Diagnosis	YWC Youth Women with Dependent Children
AGN Adult Male	YWO Youth Women
APW Adult Pregnant Women	YDD Youth Dual Diagnosis
AWC Adult Women with Dependent Children	YOU Youth Male
AWO Adult Women	YPW Youth Pregnant Women

(Code Priority if multiple codes: 1. Pregnant, 2. Dependent Children, 3. Dual Diagnosis)

**Admission Type:** For all clients entering services the code to use is A

A Initial Admission	R Revert to Open
C Change in Service/Facility	W Withdraw

### **Treatment Setting:**

H Hospital	D DHW-FACS
C Correctional Facility/Jail	M Multi-Service Community Mental Health Org.
S School/Educational	F Freestanding/Community Based A/D Facility

**Source of Income:** Identifies the client's principal source of financial support. For children under 18 this field specifies the parent's principal source of financial support.

W Wages/Salary:	<i>Use if the client's main source of income is from the collective wages of the people in the household. i.e. Mom works full time and gets child support choose W</i>
P Public Assistance:	<i>Use if the client's main source of income is Public Assistance, this includes TAFI, Food Stamps, etc (it does not include disability or retirement)</i>
R Retirement/Pension:	<i>Use if the client's main source of income is their retirement or SSI (this is social security for retirees)</i>
D Disability:	<i>Use if the client's main source of income is their disability check (SSDI) they receive each month—remember Disability income is not used in calculating income eligibility</i>
O Other:	<i>Use if the client's main source of income does not fall within the above items, i.e. child support</i>
N None:	<i>Use if the client does not have any income</i>

**Health Insurance:** Specifies the clients Health Insurance, if any. May or may not cover Substance Abuse Treatment

NO None	BB Blue Cross / Blue Shield
ME Medicare	HM Health Maintenance (HMO)
MD Medicaid	OT Other
PI Private Insurance	UN Unknown

### **Payment Source:**

SP Self-Pay  
 WC Workman's Comp  
 ME Medicare  
 MD Medicaid  
 OG Other Government Payment

BB Blue Cross / Blue Shield  
 OI Other Health Insurance  
 HM No Charge (HMO)  
 UN Unknown

**Psychiatric Problems:** Identifies whether the client has a psychiatric problem in addition to his or her alcohol or drug use problem.

**Substance Involved:**

0100 None	1001 Methamphetamine/Speed	1502 Secobarbital/Amobarbital (Tuinal)
0201 Alcohol	1101 Amphetamine	1503 Secobarbital (Seconal)
0301 Crack	1103 MDMA, Ecstasy	1509 Other Barbiturate Sedatives
0302 Other Cocaine	1109 Other Amphetamines	1601 Ethchlorvynol (Placidyl)
0401 Marijuana/Hashish	1202 Methylphenidate (Ritalin)	1602 Glutethimide (Doriden)
0501 Heroin	1201 Other Stimulants	1603 Methaqualone
0601 Non-Prescription Methadone	1301 Alprazolam (Xanax)	1604 Other Non-Barbiturate Sedatives
0701 Codeine	1302 Chlordiazepoxide (Librium)	1605 Other Sedatives
0702 Propoxyphene (Darvon)	1303 Clorazepate (Tranzene)	1701 Aerosols
0703 Oxycodone (Oxycontin)	1304 Diazepam (Valium)	1702 Nitrites
0704 Meperidine (Demerol)	1305 Flurazepam (Dalmane)	1704 Solvents
0705 Hydromorphone (Dilaudid)	1306 Lorazepam (Ativan)	1705 Anesthetics
0707 Pentazocine (Talwin)	1307 Triazolam (Halcion)	1703 Other Inhalants
0708 Hydrocodone (Vicodin)	1309 Flunitrazepam	1801 Diphenhydramine
0709 Tramadol (Ultram)	1310 Conazepam (Klonopin, Rivotril)	1809 Other Over-the-Counter
0706 Other Opiates & Synthetics	1308 Other Benzodiazepine	2001 Diphenylhydantoin/ Phenytoin (Dilantin)
0801 PCP or PCP Combination	1401 Meproamate (Miltown)	2003 GHB/GBL
0901 LSD	1403 Other Tranquilizers	2004 Ketamine (Special K)
0902 Other Hallucinogens	1501 Phenobarbital	2100 Not Collected (Collaterals Only)

**Usual Route of Administration:**

1 Oral	3 Inhalation	5 Other
2 Smoking	4 Injection	

**Frequency of Use:**

1 No use past month	3 1-2 times past week	5 Daily
2 1-3 times past month	4 3-5 times past week	

## Financial Disclosure/Eligibility

We are required by law to keep information about you confidential. This release of information is limited to each person or agency named, and allows for communication among him or her. The information is not to be passed on to anyone else or to be used for any other purpose than the one(s) specified.

<b>NAME:</b> _____	<b>SS #:</b> _____
<b>ELIGIBILITY DETERMINATION</b>	
<b>1. Do you have insurance?</b> (To include Medicare, Medicaid, Veteran's benefits or other third party insurance)	_____
<b>2. Other Resources:</b> (Total of savings, personal or real property available to the individual responsible for payment.) Total shall not exceed five thousand dollars (\$5,000) with the following exclusions: a.) Personal residence b.) One vehicle for transportation to and from work	_____
<b>3. Number of Dependents in Family Unit:</b> (including applicant)	_____
<b>4. Current Gross Income for Family Unit:</b> (based on previous month, to include all taxable income, wages, salary, tips, child support, etc.) Parent's income in addition to the youth's income shall be used when youth are requesting treatment. <b>Family Unit = individuals living in the home related by blood or marriage.</b>	_____
<b>5. Support Payments:</b> (Any support payments ordered by the court and made by the person required to pay for treatment shall be subtracted from income.)	_____
<b>6. Income Amount Used to Determine Eligibility:</b> (Subtract line 5 from line 4)	_____
<b>7. Reimbursement Rate:</b> (See reimbursement table)	_____
<b>CLIENT AFFIRMATION:</b> I affirm that the statements made herein are true and correct to the best of my knowledge. I understand that any false statements or misstatements of material fact could result in disqualification and/or criminal or civil action. I understand that I may be asked to provide verification of my statements of income, statements of expenses and dependents.	
Client Signature: _____	Staff Signature: _____
Date: _____	Parent or Guardian: _____



**TABLE WITH MONTHLY INCOME -- 2006**

SUBSTANCE ABUSE PROGRAM REIMBURSEMENT SCHEDULE									
Rate of Poverty	Number of Persons in Family Unit and Monthly Income								Dept. Share
	1	2	3	4	5	6	7	8	
100%	\$ 817	\$ 1,100	\$ 1,383	\$ 1,667	\$ 1,950	\$ 2,233	\$ 2,517	\$ 2,800	95%
105%	\$ 858	\$ 1,155	\$ 1,453	\$ 1,750	\$ 2,048	\$ 2,345	\$ 2,643	\$ 2,940	90%
115%	\$ 939	\$ 1,265	\$ 1,591	\$ 1,917	\$ 2,243	\$ 2,568	\$ 2,894	\$ 3,220	80%
125%	\$ 1,021	\$ 1,375	\$ 1,729	\$ 2,083	\$ 2,438	\$ 2,792	\$ 3,146	\$ 3,500	70%
135%	\$ 1,103	\$ 1,485	\$ 1,868	\$ 2,250	\$ 2,633	\$ 3,015	\$ 3,398	\$ 3,780	60%
145%	\$ 1,184	\$ 1,595	\$ 2,006	\$ 2,417	\$ 2,828	\$ 3,238	\$ 3,649	\$ 4,060	50%
155%	\$ 1,266	\$ 1,705	\$ 2,144	\$ 2,583	\$ 3,023	\$ 3,462	\$ 3,901	\$ 4,340	40%
165%	\$ 1,348	\$ 1,815	\$ 2,283	\$ 2,750	\$ 3,218	\$ 3,685	\$ 4,153	\$ 4,620	35%
175%	\$ 1,429	\$ 1,925	\$ 2,421	\$ 2,917	\$ 3,413	\$ 3,908	\$ 4,404	\$ 4,900	30%
Note: At 100% of poverty, add \$283 for each additional family member									

**Family Unit Definition:** The number of individuals living in the home related by blood or marriage.

## Idaho Substance Abuse Treatment and Recovery Support Services

Direct any and all questions or concerns to: \_\_\_\_\_

### Consent for Release of Information

I, \_\_\_\_\_ am requesting substance abuse services from Idaho's publicly funded substance abuse system of care. As such I voluntarily authorize Business Psychology Associates (BPA), those Substance Abuse Treatment and Recovery Support Services (RSS) providers who are contracted to provide Treatment and RSS under Idaho's publicly funded substance abuse system of care, and the Department of Health and Welfare (Department) to disclose my name, all necessary treatment information and my social security number to each other and the Department. This information will be disclosed for the following purposes: **1)** To assist with referring me to appropriate types of care and guiding my treatment and recovery support; **2)** To be entered into the Department's common client database so that I will have one client number for any services received from the Department; **3)** To process payment of costs for my treatment and recovery support services; **4)** For monitoring compliance in the program; **5)** For program audit and research including independent peer reviewers, contract monitors or researchers appointment by the Department

Furthermore, I authorize the disclosure of personal substance abuse treatment and recovery outcomes data collected by contracted Substance Abuse Treatment and RSS Providers, BPA and the Department to the Federal Center for Substance Abuse Treatment and its contracted data collection agents.

\_\_\_\_\_ Client Initials

### Informed and Voluntary Consent for Treatment

The purpose of my participation, as a client, in the Idaho publicly funded substance abuse treatment program is to acquire knowledge, skills and attitudes supportive of a sober and more satisfying lifestyle.

In addition to the potential positive outcomes likely to occur as a result of my participation, the following reasonably foreseen risks may occur, as they would in any other alcohol and drug treatment program: breach of confidentiality; negative reactions of group members; emotional stress from requirements of group interaction, self-disclosure; stress to relationships resulting from open discussion of issues, past traumas; and, stress to relationships resulting from participant behavioral changes, positive or negative, need to attend recovery support meetings, spend time in group and doing assignments.

Providers will take steps to minimize or protect participants against potential risks by adhering to standards of confidentiality found both in Federal and State Code, and by informing and verifying client understanding of group rules. And, by intervening in and guiding appropriate disclosure, confrontation and resolution in group and in family conflict. Providers will assist clients in accessing sober support services and self help groups where acceptance and stress reducing support is available. \_\_\_\_\_ Client Initials

### Revocation Clause

This release may be revoked at any time either orally or in writing, except to the extent that action has already been taken in reliance on the release. I acknowledge that some information may include material that is protected by State and Federal regulations including Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Information Portability and Accountability Act (HIPAA). Unless revoked as stated above, this consent expires automatically on: \_\_\_\_\_.

\_\_\_\_\_ Client Initials

I have read the above Consent to Release of Information, Informed and Voluntary Consent for treatment and the Revocation Clause. I agree I have been given the opportunity to question the above disclosures and consent for care and hereby do agree to the above identified Disclosures and Consent to Treatment.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# Idaho Department of Health & Welfare Substance Abuse Program

## Diagnostic Summary

Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Client ID: \_\_\_\_\_

DSM IV Diagnosis: \_\_\_\_\_

Screening Instrument: \_\_\_\_\_

**Precipitating Factors for the Assessment, including major life areas:**

**Chemical Use History, Consequences and Symptoms of Addiction:**

Client Name\_\_\_\_\_

Client ID:\_\_\_\_\_

Dimension 1:

Dimension 2:

Dimension 3:

Dimension 4:

Dimension 5:

Dimension 6:

Justification for admission: 1 2 3 4 5 6

Based on the above data, client meets criteria for Level \_\_\_\_\_ Care

Is a level of care being substituted? Yes No (circle one)

Substituting \_\_\_\_\_ for \_\_\_\_\_

Clinician Name \_\_\_\_\_ Clinician Signature \_\_\_\_\_

Level of Care Requested \_\_\_\_\_ Number of Units \_\_\_\_\_

Agency Providing the Requested Level of Care: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

# GPRA INTAKE INTERVIEW

Client Name: \_\_\_\_\_  
Optional (used only for identification for claims payment; not sent to CSAT)

Client ID: \_\_\_\_\_

Interview Date: |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|  
Month Day Year

Interviewer: \_\_\_\_\_

Facility: \_\_\_\_\_

## Demographics

Are you Hispanic or Latino?

- ☐ YES
- ☐ NO

If Yes, what ethnic group do you consider yourself? (SELECT ONE OR MORE)

- ☐ Central American
- ☐ Cuban
- ☐ Dominican
- ☐ Mexican
- ☐ Puerto Rican
- ☐ South American
- ☐ Other (SPECIFY) \_\_\_\_\_

What is your race? (SELECT ALL THAT APPLY)

- ☐ Black or African American
- ☐ Asian
- ☐ American Indian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Alaska Native
- ☐ White

## Drug and Alcohol Use

During the past 30 days how many days have you used the following:

	Number of days	Route of Admin
Any alcohol .....	_ _	
Alcohol to intoxication (5+ drinks in one sitting) .....	_ _	
Alcohol to intoxication (4 or fewer drinks and felt high) .....	_ _	
Illegal drugs.....	_ _	

During the past 30 days how many days have you used the following:

	Number of Days	Route of Administration
Cocaine/Crack .....	_ _	_ _
Marijuana/Hashish .....	_ _	_ _
Heroin/other opiates .....	_ _	_ _
Hallucinogens/psychedelics .....	_ _	_ _
Methamphetamines or other amphetamines .....	_ _	_ _
Benzodiazepines.....	_ _	_ _
Barbiturates.....	_ _	_ _
Ecstasy and other club drugs .....	_ _	_ _
Ketamine .....	_ _	_ _
Inhalants.....	_ _	_ _
Other Illegal Drugs (SPECIFY) .....	_ _	_ _

**NOTE: CODES FOR ROUTE OF ADMINISTRATION ARE AS FOLLOWS:**

1. *Oral*
2. *Smoking*
3. *Inhalation*
4. *Injection (IV or intramuscular)*
5. *Other*

## Family and Living Conditions

(Do not read options to client)

In the past 30 days, where have you been living most of the time?

- ☐ Homeless – No fixed address; includes shelters
- ☐ Dependent Living – Dependent children and adults living in a supervised setting such as a halfway house or group home
- ☐ Independent Living – Including on own, self-supported, and non-supervised group homes

If Female: Are you currently pregnant?

- ☐ YES
- ☐ NO
- ☐ Don't Know

Do you have children?

- ☐ YES
- ☐ NO (Skip to Education and Employment, pg. 4)

How many children do you have?

|\_\_|\_\_|

Are any of your children living with someone else due to a child protection order?

- ☐ YES
- ☐ NO (Skip to Education and Employment, pg. 4)

If yes, how many of your children are living with someone else due to a child protection court order?

|\_\_|\_\_|

For how many children have you lost parental rights? (The client's parental rights were terminated)

|\_\_|\_\_|



## Education and Employment

Are you currently enrolled in school or a job training program?

- ☐ NOT ENROLLED
- ☐ ENROLLED, FULL TIME
- ☐ ENROLLED, PART TIME
- ☐ OTHER (SPECIFY)

Are you currently employed?

- ☐ Full time – Working 35 hours or more each week: includes members of the uniformed services
- ☐ Part time – Working fewer than 35 hours each week
- ☐ Unemployed, looking for work during the past 30 days or on lay off from a job
- ☐ Not in labor force – Not looking for work during the past 30 days or a homemaker, student, disabled, retired, or an inmate of an institution
- ☐ OTHER (SPECIFY) \_\_\_\_\_

If not in the labor force, what is your status?

- ☐ Student enrolled in a school or job training program
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled
- ☐ Inmate of an institution that restrains a person, otherwise able, from the workforce
- ☐ OTHER (SPECIFY) \_\_\_\_\_

What is the highest grade or year of school that you completed?

- ☐ Never attended school
- ☐ 1<sup>st</sup> grade completed
- ☐ 2<sup>nd</sup> grade completed
- ☐ 3<sup>rd</sup> grade completed
- ☐ 4<sup>th</sup> grade completed
- ☐ 5<sup>th</sup> grade completed
- ☐ 6<sup>th</sup> grade completed
- ☐ 7<sup>th</sup> grade completed
- ☐ 8<sup>th</sup> grade completed
- ☐ 9<sup>th</sup> grade completed
- ☐ 10<sup>th</sup> grade completed
- ☐ 11<sup>th</sup> grade completed
- ☐ 12<sup>th</sup> grade completed/high school diploma/equivalent
- ☐ College or university/1<sup>st</sup> year completed
- ☐ College or university/2<sup>nd</sup> year completed/Associates degree (AA,AS)
- ☐ College or university/3<sup>rd</sup> year completed
- ☐ Bachelor's degree or higher
- ☐ Voc/tech program after high school but no voc/tech diploma
- ☐ Voc/tech program after high school

## **Criminal Justice**

In the past 30 days, how many times have you been arrested?

|\_|\_|

How many of these arrests were for alcohol or illicit drug offenses?

|\_|\_|

In the past 30 days, how many nights have you spent in jail/prison? (NOTE: THIS INCLUDES NOT BEING FORMALLY ARRESTED).

|\_|\_|

## **Social Connectedness**

In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

(i.e. did the client participate in a non-professional, peer-operated organization devoted to helping individuals who have addiction related problems such as: AA, NA, Oxford House, Secular Organization for Sobriety, Women for Sobriety, etc.)

☐ YES

☐ NO

In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

☐ YES

☐ NO

In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

☐ YES

☐ NO

In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

☐ YES

☐ NO

To whom do you turn when you are having trouble? (CHECK ONE)

☐ No One

☐ Clergy member

☐ Family member

☐ Friends

☐ Other (SPECIFY): \_\_\_\_\_